Message

From: Dixon, Franchelle Y [franchelle.dixon@optum.com]
Sent: 7/25/2014 9:28:16 AM
To: Dyer, Lloyd H [lloyd.dyer@optum.com]; Keytel, Keith W [keith.keytel@optum.com]; Hart, Brett A [brett.hart@optum.com]; Powell, Michael C [michael.powell@optum.com]; McCarthy, Paul R [paul.mccarthy@optum.com]; Triana, Lorenzo [lorenzo.triana@optum.com]; Zaugg, Laurie B [laurie.zaugg@optum.com]; Davis, James E [james.davis@optum.com]; Hullett, Joseph [joseph.hullett@optum.com]; Hartman, Nancy M [nancy.hartman@optum.com]; Gibli, Tracy D [tracy.gibli@optum.com]; Brennecke, Margaret K [margaret.brennecke@optum.com]; Mullen, Elisa A [elisa.mullen@optum.com]; Jimenez, Richard G [richard.jimenez@optum.com]; Awrey, Denise [denise.awrey@optum.com]; Patterson, Nisha C [nisha.patterson@optum.com]; Motz, Frederic C [frederic.motz@optum.com]; Bobbitt, Bruce L [bruce.bobbitt@optum.com]; Iddings, Marie P [marie.iddings@optum.com]; Bogomolny, Boris [boris.bogomolny@optum.com]; Rathbun, Jon R [jon.rathbun@optum.com]; Dockens, Shirley E [shirley.dockens@optum.com]; Rosales, Donna M [donna.rosales@optum.com]; Nussbaum, Debra [debra.nussbaum@optum.com]; Mao, Chi [chi.mao@optum.com]; Keller, Deirdre J [deirdre.keller@optum.com]; Beardsley, Scott D [scott.beardsley@optum.com]; Barnum, Kirsten C [kirsten.barnum@optum.com]; Dixon, Franchelle Y [franchelle.dixon@optum.com]; Meier, Edward L [edward.meier@optum.com]; Maguire, Marian M [marian.maguire@optum.com]; Krueger, Matthew A [matthew.krueger@optum.com]; Hasan, Sumreen [sumreen.hasan@optum.com]; Brock, Irvin P [irvin.brock@optum.com]
Subject: Employer Monthly Business Review - July/2014
Attachments: Employer Monthly Business Review JULY- 2014 FINAL.ppt

Here is the presentation for today's Employer Monthly Business Review.

Jim

Attachment

No image available for this record.

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E&I/Direct Employer Monthly Business Review – July/2014

Data sources:

- 2014 April paid claims through June
- June Financial Close – Internal Commercial and External Direct Employer
- 2014 YTD Authorization Utilization Dashboard

Executive Summary- Highlights

June, 2014 E&I, Direct Employer, Close

- **E&I:** UHC YTD Gross Margin ($2.9M) unfavorable to budget; June Ben Ex favorable **$1.6M** to forecast (YTD PPO/POS Ben Ex is favorable **$2.2M** to forecast)
- **Direct Employer:** YTD Gross Margin ($3.8M) unfavorable to budget; June Ben Ex favorable **$81K** to forecast

2014 April+ 2 Paid Claim Trend Drivers

Macro (Internal UHC excluding Oxford and PBH)

- Membership flat
- **18-25 Cohort's** impact on trend:
  - >($10.2M) to trend in 2013; **2014** is on (**$2.9M)** ⬇ pace [($973K) through April]
  - >($5.54M) (54%) of 18-25 trend tied to Non-ETOH SA diagnosis in 2013; **2014** is on (**$1.8M)** ⬇ pace [($611K) through April (62% of total cohort trend tied to Non-ETOH)
  - **Non-ETOH SA** diagnosis was primary overall cost driver at $8.6M in 2013 for all age groups; 2014 is on (**$2.8M)** ⬇ pace [($948K) through April]
- **Level of Care** (Internal UHC excluding Oxford and PBH; $ variance without IBNR)
- **Structured Outpatient** is unfavorable by ($967K); uptick in ETOH SUD treatment
- **Ancillary** is unfavorable by ($763K); continues to be driven by Non-ETOH SUD treatment
- **Residential** is unfavorable by ($615K) driven by ETOH SUD treatment
- **PHP** is favorable by -$215K
- **Professional Services** is favorable by -$211K
- **IP** is favorable by -$1.73M
- **OP** is favorable by **-**$2.06M

2014 July Authorizations - Leading Edge Indicators (Internal UHC; June Membership)

- IP favorable to prior year (-6.2%); Admits down (3.5%) ALOS favorable **-2.8%**
- Interm favorable to prior year (-4.0%) Admits up (8.7%) ALOS favorable **-11.8%**

HCQAI Savings 2014 Target Savings

- **Targeted Savings $28.45M on-track with 5+7Forecast; 7+5 HCQAI Savings Estimate - August 8th**

High Level Summary of 18-25 Cohort and SUDs Mitigation Initiatives

Ancillary

> **801XX Mitigation:** UHC E&I Alignment with CMS Practices for Qualitative Lab Services for Drug Testing Initiated 2/15/2014; **Next Release Date to automate pend/review Protocol- 8/23/14;** The Policy **will be applied manually-** Completed 7/1/14

> **Rev Code 300 Mitigation**: Flagging of Top 30 Lab Code Submitters (4.8M in FI 2013 Claims Paid on UNET Only); 30 Providers account for 63% of total claims paid. Stop outlier payment : OHBS Facets Flagging Complete 6/2; UNET Flagging Complete 6/3; Cosmos Flagging (Pending)

> **UDS Lab Clinical Policy-** Initial Draft Completed 3/17/14

> **SIU** investigating identified provider groups billing for multiple, unnecessary drug screens - Initiated in 2013 On-Going

Non-ETOH SA (SUDS)

Best Practice Job Aid Development (increase utilization of ambulatory services for opiate dependence) Completed 6/1/14

Includes:

- Created toolbox for BNS Staff for MAT Network Development
- Created Toolbox for Clinical (added 9 documents for KIT page aimed at best practices for A&T call handling)
- Created workflows for MAT calls/referrals, negotiations/modifications for A&T
- Created Member Communication- posted on **LAWW**
- Provider Communication-posted on **Provider Express**

Clinical Staff Training

> **Internal Clinical Staff Training** on SUD Evidence Based Practice – Completed 3/28/14

> **Clinical Staff Training Module** on Medication Assisted Treatment-Completed 5/14/14

> **Learn Source** MAT Module Posted- Completed 5/17/14

> **MD Training** on Medication Assisted Treatment – Completed 5/22/14

> **Review/Revise SUDS P&Ps- Recommendation to adopt ASAM guidelines** presented to Senior Management for considerations and adoption. – Completed June/2014

> **Develop ISIE-type Job Aides** - for ETOH & Opiates – Completed June/2014 ; Withdrawal Management (Detox) job aide that spans all drugs that may require a detox. In – Process 8/1/14

System Updates and MAT Network Development

> **Implemented revised naming conventions** for provider/group affiliations in Facets- Completed 5/28/14

> **Provider Loading** under new naming conventions- Completed 6/9/14

> **LINX modifications** for MAT search with new naming conventions – Completed 6/9/14

> **Revised MAT Search** SOP on KIT – Completed 6/11/14

> **Provider attestations** on MAT specialty- Completed (5/1/14) and on going for NE, SE and central

> **Continued identification and provider recruitment** by target area- Completed 6/1/14 and on-going

High Level Summary of 18-25 Cohort and SUDs Mitigation Initiatives- Con't.

- **Clinical Operations**
  - **Intensive Stratification** & **IOP Centralization** – Completed Aug/2012 (Outcome: 29% Cost Avoidance (SUDS ALOS Reduction)
  - ***Intensive Stratification and Complex Case Management Routing** of all 18-25, OON/Out of Area Opiate Cases – In Process 8/1/14
  - **PPO Accommodations Project** - Not allow accommodations for any UHC PPO FI member under any circumstance. Initiated and On-Going- December/2013
  - **Clinical Process Monitoring** - Operations UM Metrics Review- Initiated 4th Qtr./2013; On-Going Standing Monthly Meetings between Affordability and Clinical Operations
  - **UR Drill Down Calls** (2X/Month) On-Going Priority Markets and FBC Detail Meetings between Affordability and Clinical Operations- Initiated in 2012 and refined Dec./2013 On-Going
  - **Substance use specific clinical "Grand Rounds"** which occur 3X/month Completed and On-Going (January/2014)
  - **Case Escalation Rules**, which outline tighter timeframes for staffing cases with our medical directors related to various clinical scenarios such as: readmission within 7 days of discharge; having 3 admissions within a 6 month period; staffing with a medical director any Opioid Detoxification cases with a length of stay of 5 days or less, etc. Completed and On-Going (March/2014)
  - ***Step-Down Job Aid Training** for Clinical Staff and LearnSource CBT Completed 7/20/14
  - **NY High Volume Facility Case Escalation** – 18-26 Cohort w/Mood Disorder prioritized for Peer Review Pilot- Pending (7/1/14)
  - ***Facility Benefit Inquiry (FBI) Pilot** – 18-26 Cohort, SUD Dx Member/Family Inquiries regarding OON/Out of Area Florida IP/Residential Treatment Start Date: (8/1/14)
  - "**Destination Treatment"-** OON/Out of Area UHC COC Benefit Limitation (SUD "Centers of Excellence") Proposal In-Review (Next workgroup meeting 8/4/14)
  - ***Family Engagement** via Search Engine Ad Placement to Address OON/Out of Area SUDs Destination Treatment Provider Marketing Proposal In-Review (Next workgroup meeting 7/30/14)
  - **Recovery and Resiliency**
    Peer Coach – Commercial – Los Angeles- Start date 3/10/14; Project Return.
    Peer Support Groups (18-26) – All payer – Portland OR. Start date 4/1/14. Young People in Recovery.
    Peer Coach – South Florida – MH Commercial and Medicaid –Start date 7/21/14; Fellowship House

HCQAI 2014 Committed Savings for Key Drivers - $4.3M

Non-IP

2014 NON-IP Summary	High End, Potential Savings	Committed Savings	Committed Savings per Driver	% of Total
18-26 Cohort				
ALERT	$2,547,787	$2,547,787	$739,930	29.0%
Fraud, Waste and Abuse	$2,691,955	$2,691,955	$646,069	24.0%
Network	$1,256,809	$1,256,809	$301,634	24.0%
Step Downs	$572,393	$572,393	$151,129	26.4%
SUDs	$248,937	$248,937	$107,342	43.1%
ACE - Facility Practice Management	$156,735	$156,735	$53,798	34.3%
Condition Specific - Autism	$183,929	$183,929	$44,143	24.0%
18-26 Cohort Total	$7,936,010	$7,775,962	**$2,060,001**	26.5%
Ancillary Labs				
Claims - ICES UNET Implementation	$659,038	$659,038	$659,038	100.0%
Claims - Ancillary Trend Mitigation	$1,133,817	$613,107	$613,107	100.0%
Ancillary Labs Total	$1,792,855	$1,272,145	**$1,272,145**	100.0%
Grand Total NON-IP	$9,728,865	$9,048,107	**$3,332,146**	36.8%

IP

2014 IP Summary	High End, Potential Savings	Committed Savings	Committed Savings per Driver	% of Total
18-26 Cohort				
SUDs	$1,052,738	$1,052,738	$286,541	27.2%
Fraud, Waste and Abuse	$945,822	$945,822	$226,997	24.0%
ACE - Facility Practice Management	$626,941	$626,941	$165,531	26.4%
Network	$376,083	$376,083	$90,260	24.0%
Readmissions: A&T Stabilization Calls	$238,139	$238,139	$79,207	33.3%
ALERT	$183,254	$183,254	$43,981	24.0%
Revision of Escalation Rules & CA Compliance	$110,722	$110,722	$30,235	27.3%
R&R	$123,326	$123,326	$29,598	24.0%
18-26 Cohort Total	$4,120,749	$3,688,285	**$960,776**	26.0%
Grand Total IP	$4,120,749	$3,688,285	$960,776	26.0%
Grand Total All LOC	$13,849,614	$12,736,392	$4,292,922	33.7%

E&I Financial Overview
June 2014 Close

E & I Monthly Variance – June 2014 Actuals vs. Forecast

GROSS MARGIN

	JUNE 2014		
	Actual	5+7 Forecast	Variance F/(U)
Membership		SEALED	
Risk			
ASO			
Avg Members			
Revenue			
PMPM			
Risk			
ASO			
Benefit Expense			
PMPM			
BCR %			
BCR % without PPD			
Current Month			
PPD			
RPS Chg in Margin & Ext. Ben.			
Gross Margin			
PMPM			
% Gross Margin			

SEALED

E & I Monthly Variance - 2014 YTD Actuals vs. YTD Budget

GROSS MARGIN

	JUNE 2014 YTD		
	Actual	Budget	Variance F/(U)
Membership	SEALED		
Risk			
ASO			
Avg Members			
Revenue			
PMPM			
Risk			
ASO			
Benefit Expense			
PMPM			
BCR %			
BCR % without PPD			
Current Month			
PPD			
RPS Chg in Margin & Ext. Ben.			
Gross Margin			
PMPM			
% Gross Margin			

SEALED

Direct EG Monthly Variance – June 2014 Act vs. Forecast

GROSS MARGIN

	JUNE 2014		
	Actual	5+7 Forecast	Variance F/(U)
Membership			
BH			
Risk			
Fee			
EAP			
Risk			
Fee			
Revenue			
BH			
Risk			
Fee			
EAP			
Risk			
Fee			
Benefit Expense			
BH			
EAP			
BCR			
BH			
EAP			
Gross Margin			
GM			
BH			
EAP			
GM %			
BH			
EAP			

SEALED

Direct EG Monthly Variance – 2014 Actuals YTD vs. YTD Budget

GROSS MARGIN

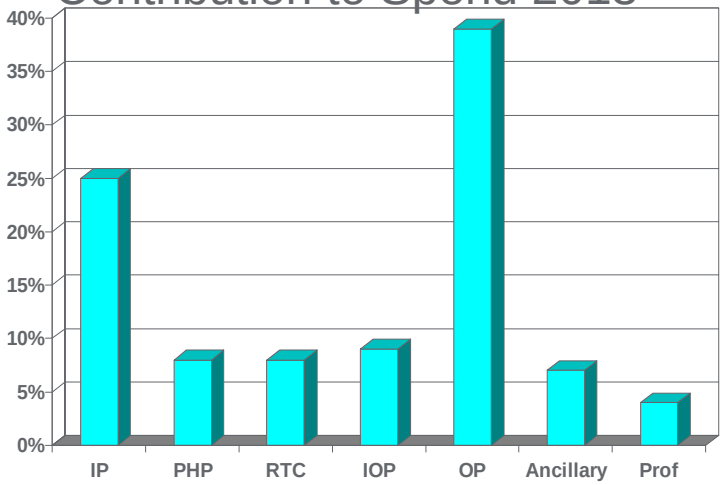
	JUNE 2014 YTD		
	Actual	Budget	Variance F/(U)
Membership			
BH			
Risk			
Fee			
EAP			
Risk			
Fee			
Revenue			
BH			
Risk			
Fee			
EAP			
Risk			
Fee			
Benefit Expense			
BH			
EAP			
BCR			
BH			
EAP			
Gross Margin			
GM			
BH			
EAP			
GM %			
BH			
EAP			

SEALED

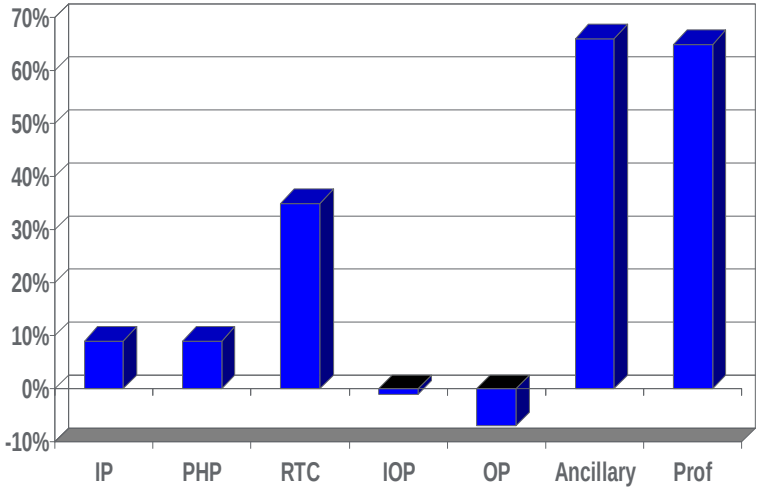
E&I UHC Internal Trend Analysis
2014 April+2 Paid Claims (without IBNR)

Are the LOC pmpm trends seen in 2013 continuing in 2014? (April +2) E&I Internal Excluding PBH and Oxford

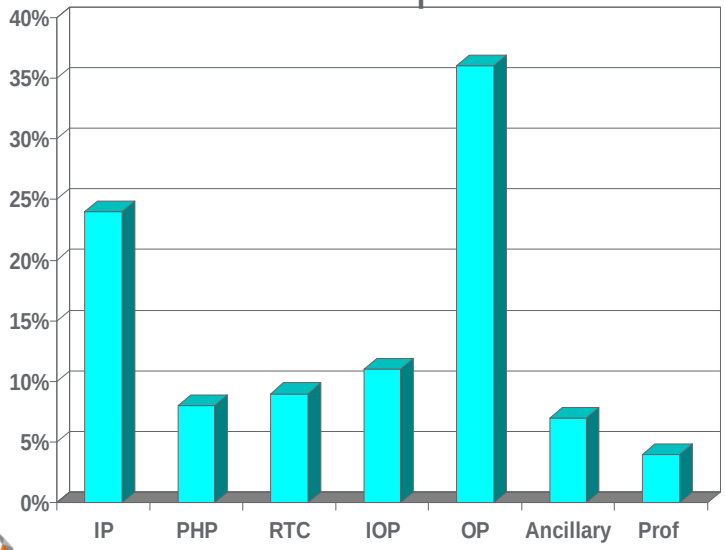
Contribution to Spend 2013



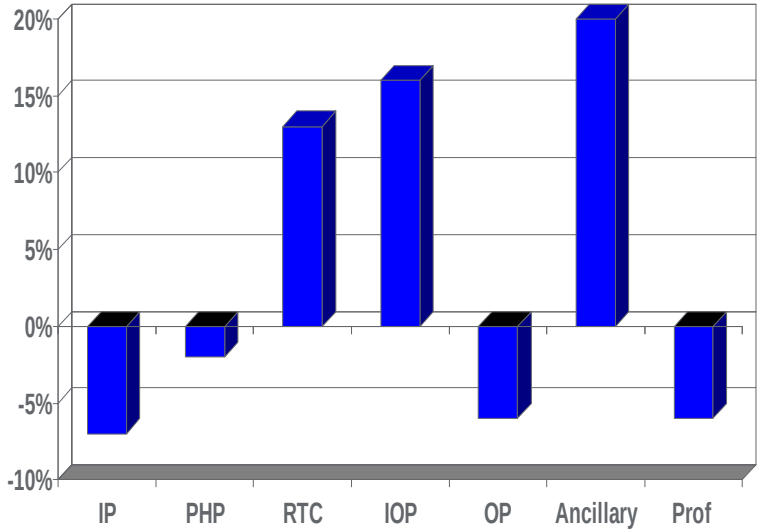
Contribution to Trend 2013



Contribution to Spend 2014



Contribution to Trend 2014



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YOY $ Variance by LOC (1.8% membership reduction) (April +2) 2014 E&I Internal Excluding PBH and Oxford

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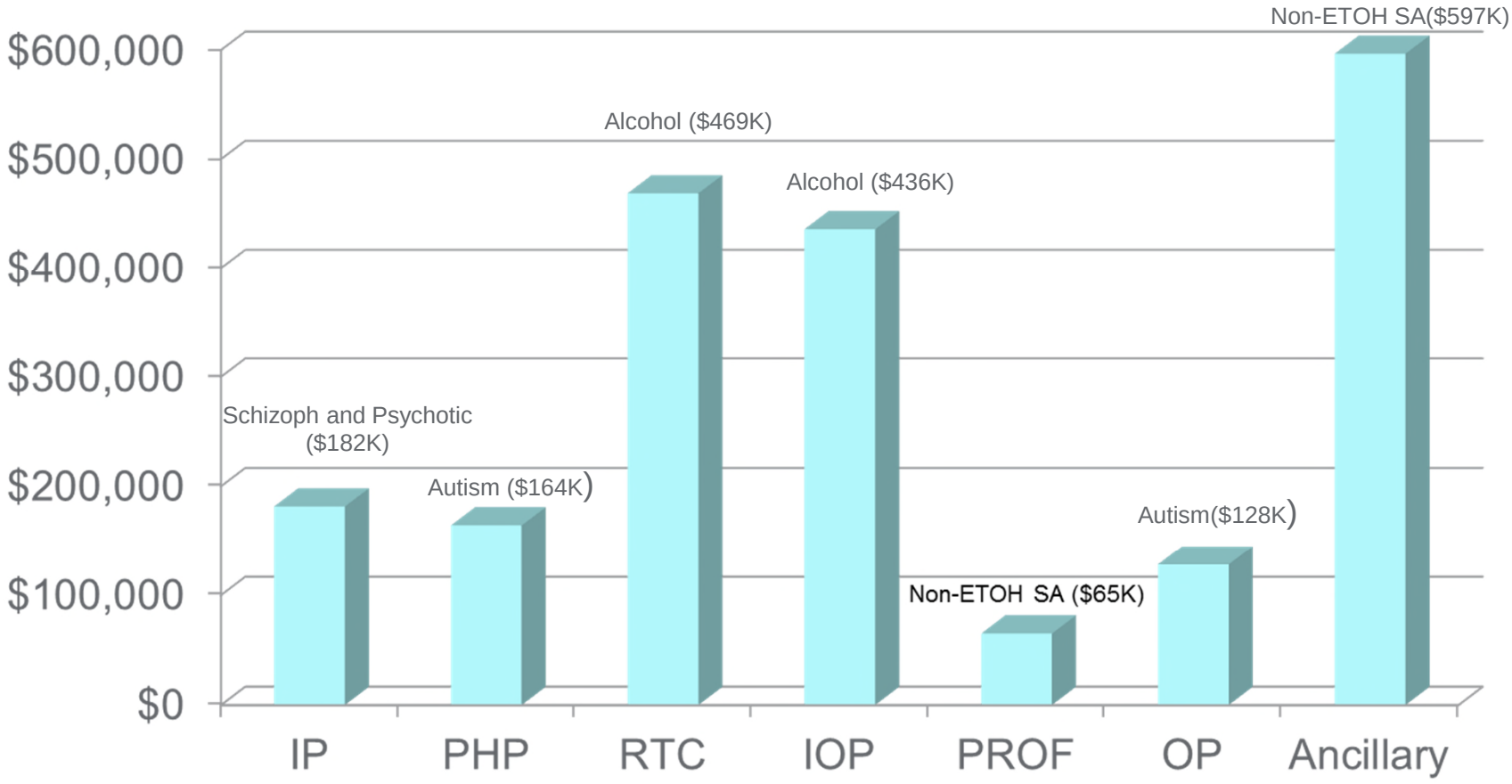
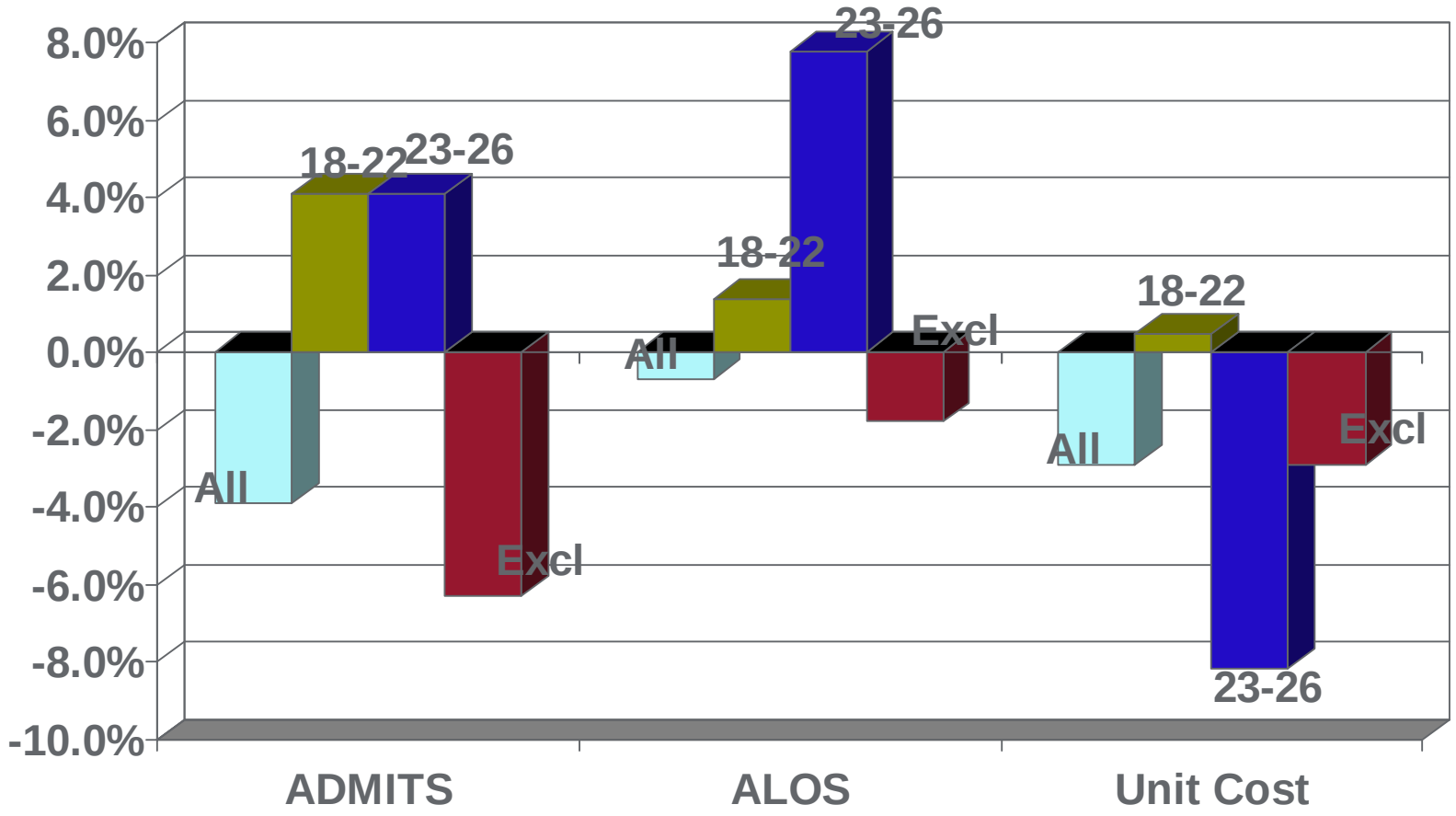
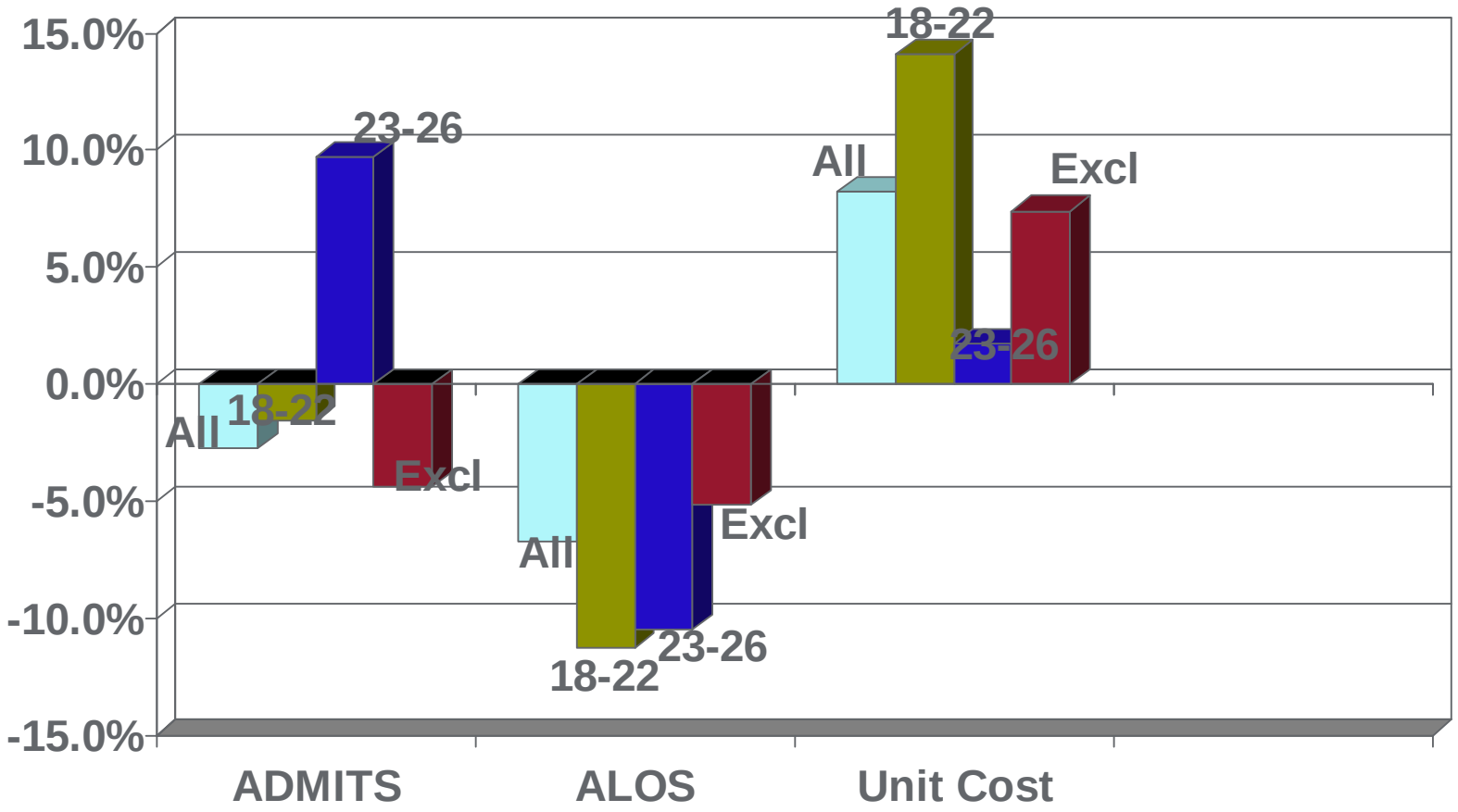
YOY Highest $ Trend by Diagnosis by LOC
(April+2) 2014 E&I Internal Excluding PBH and Oxford



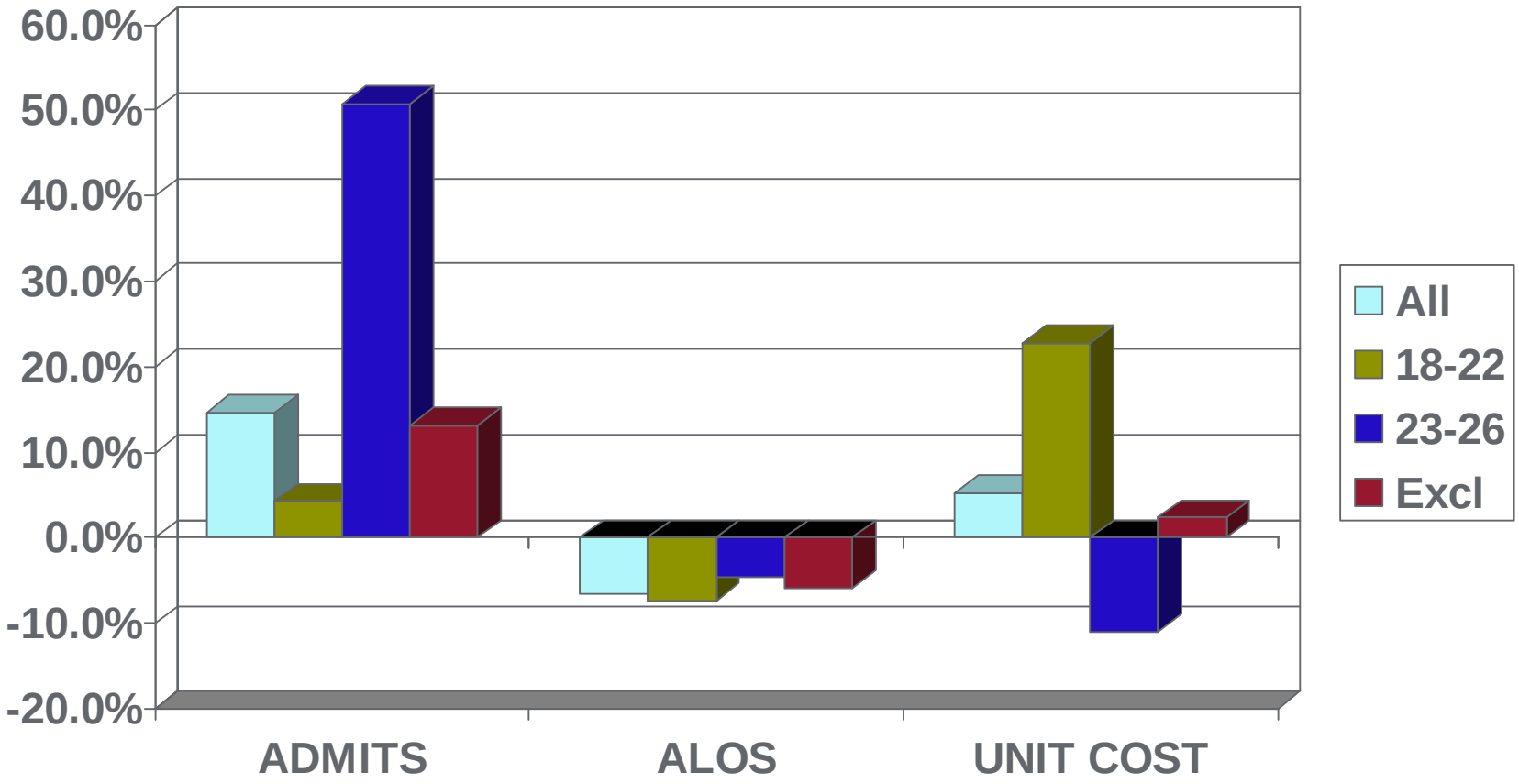
Impact of 18-26 Dependent Cohort on IP Trend (April+2) 2014 E&I Internal Excluding PBH and Oxford



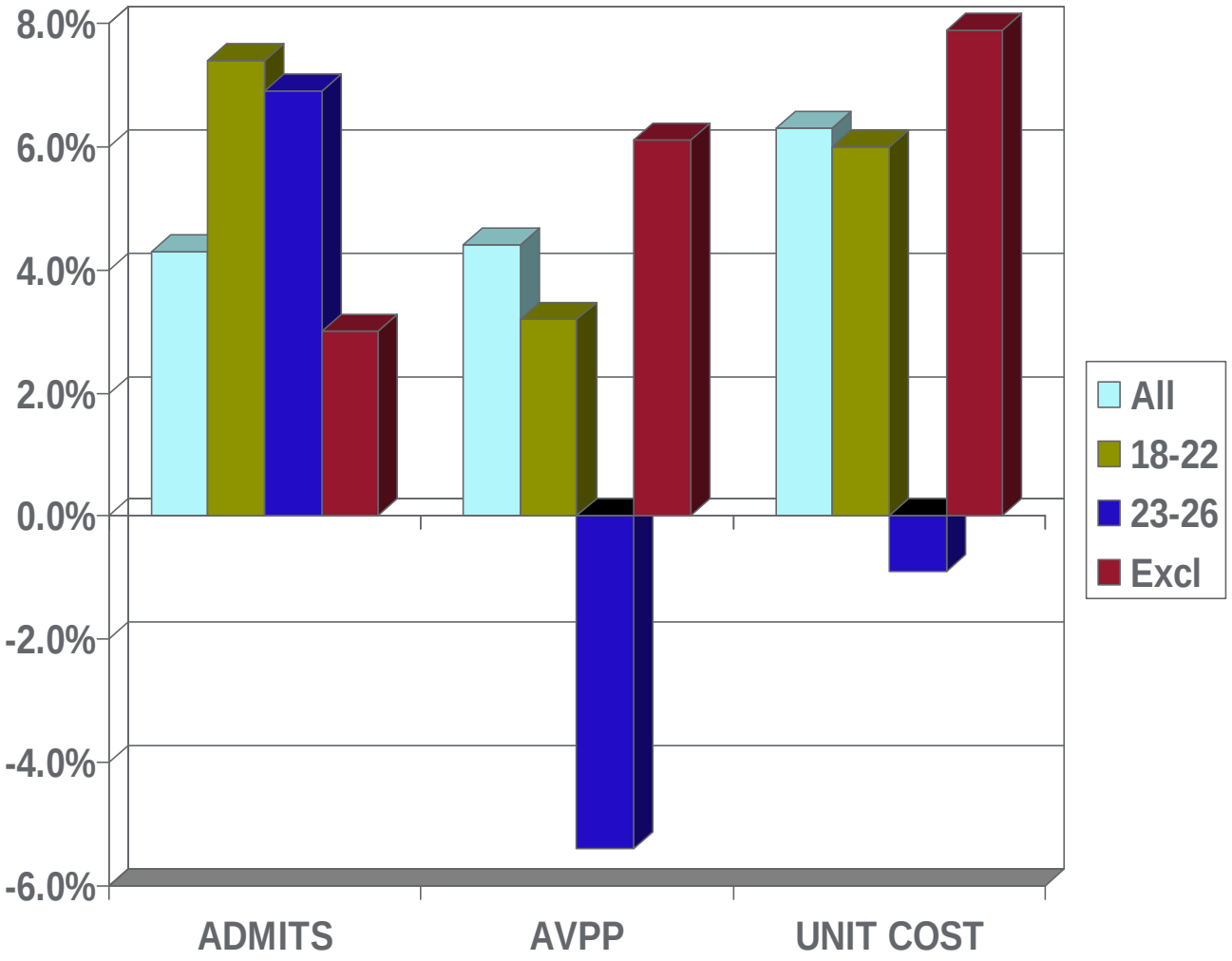
Impact of 18-26 Dependent Cohort on PHP Trend (April+2) 2014 E&I Internal Excluding PBH and Oxford



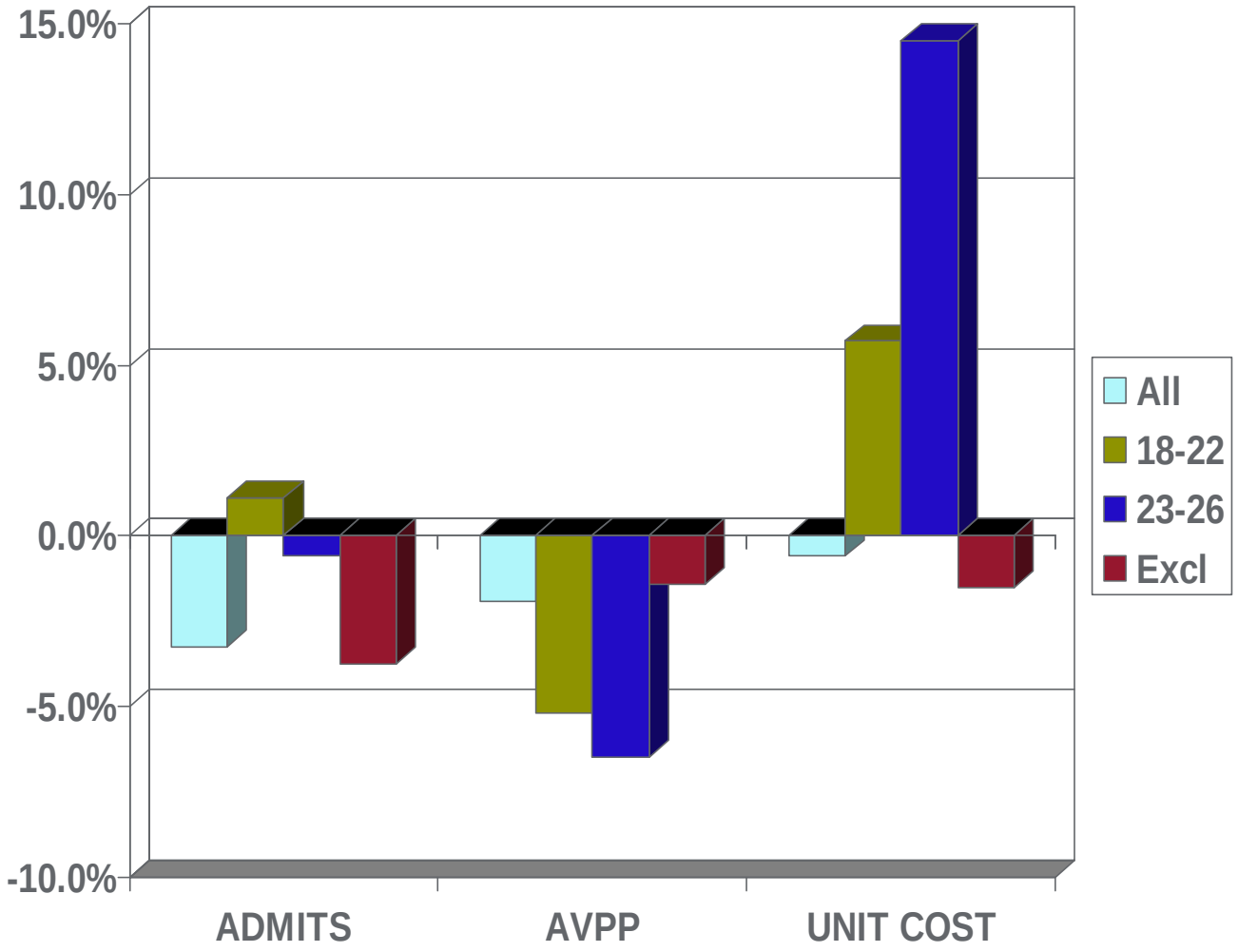
Impact of 18-26 Dependent Cohort on RTC trend (April+2) 2014 E&I Internal Excluding PBH and Oxford



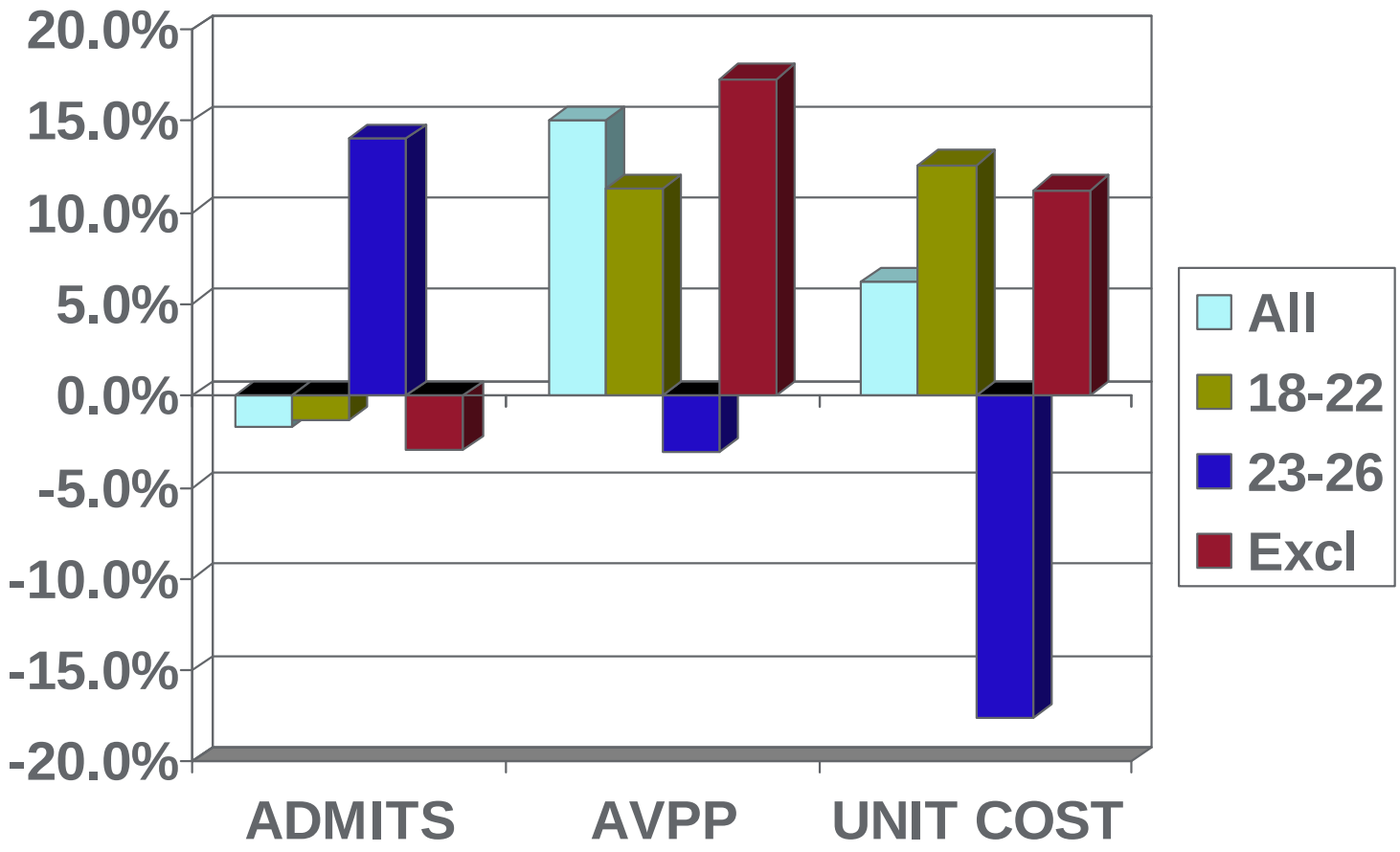
Impact of 18-26 Dependent Cohort on IOP trend (April+2) 2014 E&I Internal Excluding PBH and Oxford



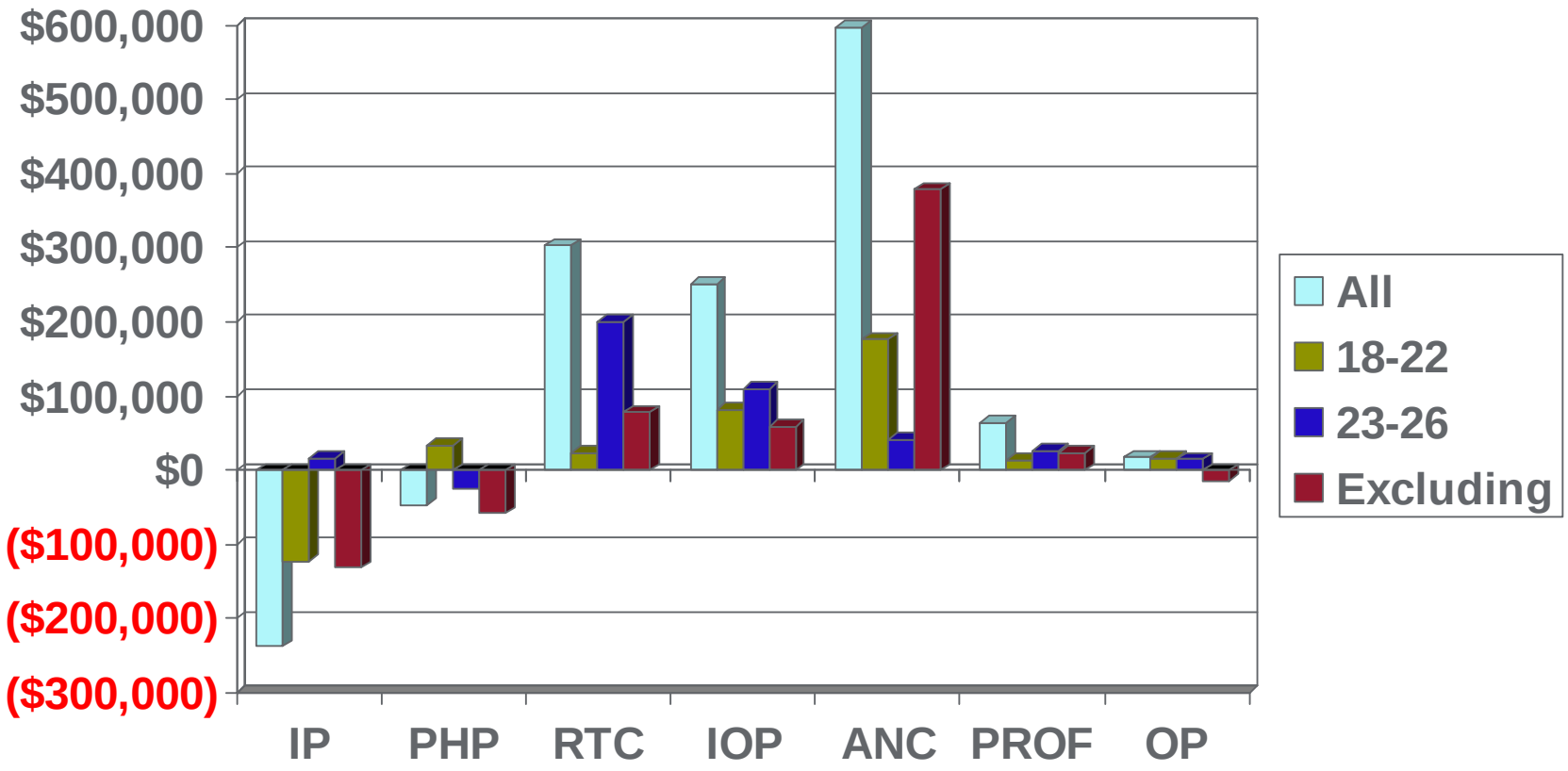
Impact of 18-26 Dependent Cohort on OP trend (April+2) 2014 E&I Internal Excluding PBH and Oxford



Impact of 18-26 Dependent Cohort on Ancillary trend (April+2) 2014 E&I Internal Excluding PBH and Oxford



Impact of 18-26 Dependent Cohort on Non-ETOH SA DX YOY
$ Variance (April+2) 2014 E&I Internal Excluding PBH and Oxford



2014 E&I HCQAI Update
May Close

2014 E&I HCQAI Update as of May Close

		2014 5+7 Forecast	Best Estimate as of May Close	Variance	Clinical UM	National UM	F & A	Claims Integrity	Alert & IOP	Network Unit Cost	P4P	R & R	ACE
Commercial Employer (E & I)		$28.46	$28.45	($0.01)	$0.99	$5.20	$4.91	$1.84	$6.59	$6.27	$1.37	$0.12	$1.16
Internal		$25.75	$25.85	$0.10	$0.64	$4.88	$4.18	$1.78	$5.95	$5.87	$1.28	$0.10	$1.16
	UHC HMO	$1.02	$1.03	$0.01	$0.01	$0.22	$0.24	$0.07	$0.25	$0.12	$0.07	$0.00	$0.04
	UHC PPO/POS	$14.55	$14.21	($0.34)	$0.26	$3.10	$3.63	$1.63	$2.69	$1.29	$0.74	$0.08	$0.78
	Total UHC	$15.57	$15.25	($0.33)	$0.27	$3.33	$3.87	$1.70	$2.94	$1.41	$0.82	$0.08	$0.82
	Oxford	$6.91	$6.97	$0.06	$0.00	$0.73	$0.00	$0.00	$1.82	$3.80	$0.29	$0.01	$0.33
	PBH Commercial	$3.03	$3.39	$0.36	$0.37	$0.72	$0.30	$0.07	$1.13	$0.63	$0.16	$0.02	$0.00
	ACEC, MAMSI, NHP, John Deere	$0.23	$0.24	$0.01	$0.00	$0.11	$0.00	$0.02	$0.06	$0.04	$0.01	$0.00	$0.00
External		$2.72	$2.61	($0.11)	$0.35	$0.32	$0.74	$0.06	$0.64	$0.40	$0.09	$0.02	$0.00
	UC	$2.34	$2.23	($0.12)	$0.35	$0.28	$0.45	$0.05	$0.61	$0.38	$0.09	$0.02	$0.00
	% of Total Savings				3.48%	18.27%	17.26%	6.48%	23.16%	22.05%	4.82%	0.43%	4.06%

Targeted Savings with actuals through May: 28.45M and On-Track with 5+7Forecast

- **Some shifts in expected savings by BOB**
- **In-Process of Completion FWA and Payment Integrity Value Models for 7+5F**

Expected Drivers of 2014 Savings and Risk Areas:

- **HCQAIs within CAOM (National UM) and Market Specific (SF CAC):** Initiatives targeted at improving CAOM workflows and UM opportunities: Modifications, Step-Downs, SUDS, Escalation Guidelines, Care Coordination Enhancements. Added Residential Trend Management LOC.
- **Payment Integrity:** Ancillary Trend Mitigation (Labs) and iCES on UNET
- **Network Optimization through ACE, P4P and Facility Outlier Management**
- **Oxford Interim Outpatient Trend Management running favorable to target (1M)**
- **Risk: FWA and P4P represent high % of overall savings and significant efforts are in place to mitigate risk to achieving savings**

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Optum Behavioral Ancillary Trend (Lab) Briefing

July 25th, 2014

Curbing unnecessary out-of-network expense

Addressing questionable out-of-network practices

Drug Testing

Issue:
Aggressive increase of ancillary billing (esp. laboratory/drug screens), with 95% billed by out of network providers

Impact:
Lab services represent 60.5% of total ancillary spend and 81% for E&I.

Interventions:

- Established clinical and claims guidelines to ensure appropriate use of lab services
- Review of billing patterns of high volumes lab services providers for potential fraud

Billing Procedures

Issue:
Billing of multiple units of drug tests associated with SUD services with few restrictions

Impact:
Limited claim and clinical oversight for these services has allowed for variation in the frequency and volume of lab services billed

Interventions:

- New claims policy across now aligned with CMS guidelines
- Drug screening services require a G0431 or G0434 code to be reimbursed versus CPT codes 80100, 80101, or 80104
- Savings can be projected by replacing a single HCPC code to be reimbursed versus multiple units of the billed CPT codes

Fraud, Waste & Abuse

Issue:
Several egregious outlier out of network providers are being reviewed for possible Fraud, Waste and Abuse

Impact:
Claims paid to 30 outlier providers represented over 60% of 2013 total claims paid

Interventions:

- Established clinical policy on appropriate payment of labs per single facility admission
- Providers with billing patterns not consistent with the new lab code policy will either have payment denied or a review of medical records for possible exceptions

Lab Mitigation Summary

- **Status of G-Code Policy on OHBS Facets (to stop payment of eliminated 801XX Codes):**
  - Determined Plan by Plan review will occur with broader Benefit Exclusion Project
  - **Phase Approach:** Implement G-Code Policy (Phase 1) **Effective July 1st**, Phase 2: Implement full exclusion where applicable.

- **Status of Lab Code Mitigation – Flagging (All Platforms):**
  - Flagging of Top 30 Lab Code Submitters (4.8M in FI 2013 Claims Paid on UNET Only)
  - OHBS Facets Flagging Complete 6/2
  - UNET Flagging Complete 6/3
  - Cosmos (Pending)

- **Status of G-Code Policy on UNET:**
  - **Issue:** UHC is still processing some 801XX codes after 2/15 when we expected to see those drop off.
  - **Root Cause:** We have now discovered that these claims coming into UNET initially appear to be behavioral (Cause code 1 or 6) and are bypassing iCES (now CES) and only **after** they get to a claims examiner are they changed to a medical service (cause code 0) for processing. The end result is a cause code 0 (medical) service that was processed outside of the CES logic.
  - **Solution:** Given this knowledge, there has been an exception to push this CES (new name) rule through for behavioral (Cause code 1 or 6) to capture the claim prior to the bypass effective 8/23. The Policy **applied manually** as of **July 1st, 2014.**
  - **Dates:** Major Aug Release BRD date 4/14, List BRD 6/4, Rules 5/1, IST 7/9 and Release date 8/23/2014.
  - **Why our original assumptions that OHBS would benefit from Cause Code 0 Claims/UHC Policy did not hold true:** We observed that the majority (over 90%) were cause code 0 claims, therefore logically from a systems perspective would hit the in place (2/15) claims policy, however upon further drill down it was determined that the claims initially appear as a Cause Code 1 (MH) or more likely a 6 (CD/SA) resulting in a iCES bypass.

- **As of July 1st on UNET:**
  - Received 308 medical records for the requested lab services and 33 of the 308 are pending for review.
  - **275 cases have been reviewed out of the 308 and were denied mainly due to a lack of a valid physician order and/or the specifics of the test itself missing in the documentation - such as the type of specimen and/or test method, etc.**

Projected 2014 HCQAI Savings (for 7+5)

Savings Summary for Claims: 80100, 80101, 80102, 80103, 80104, 89240, HCPC Codes: G0431, G0434, Rev Codes: 300, 301, FI Paid through June 2014

- **Total YTD Paid through June: 4.8M**
- **Total YTD Paid to Top 30: 2.0M**
- **Expected Savings for 2014: 3.3M**

							Unmitigated Projection						
ALL	**1/1/2014**	**2/1/2014**	**3/1/2014**	**4/1/2014**	**5/1/2014**	**6/1/2014**	**7/1/2014**	**8/1/2014**	**9/1/2014**	**10/1/2014**	**11/1/2014**	**12/1/2014**	**Annual**
FCET	$33,586	$62,613	$41,430	$40,854	$82,056	$41,249	$50,298	$50,298	$50,298	$50,298	$50,298	$50,298	$603,577
UNET	$863,498	$787,892	$734,706	$995,150	$924,520	$213,806	$753,262	$753,262	$753,262	$753,262	$753,262	$753,262	$9,039,144
Total	**$897,085**	**$850,504**	**$776,136**	**$1,036,004**	**$1,006,576**	**$255,055**	**$803,560**	**$803,560**	**$803,560**	**$803,560**	**$803,560**	**$803,560**	**$9,642,721**

							Unmitigated Projection						
Top 30	**1/1/2014**	**2/1/2014**	**3/1/2014**	**4/1/2014**	**5/1/2014**	**6/1/2014**	**7/1/2014**	**8/1/2014**	**9/1/2014**	**10/1/2014**	**11/1/2014**	**12/1/2014**	**Annual**
FCET	$0	$0	$4,800	$1,600	$12,200	$4,024	$3,771	$3,771	$3,771	$3,771	$3,771	$3,771	$45,248
UNET	$383,006	$391,163	$412,523	$372,260	$321,150	$98,559	$329,777	$329,777	$329,777	$329,777	$329,777	$329,777	$3,957,321
Total	**$383,006**	**$391,163**	**$417,323**	**$373,860**	**$333,350**	**$102,583**	**$333,547**	**$333,547**	**$333,547**	**$333,547**	**$333,547**	**$333,547**	**$4,002,569**

% Estimated Mitigated/Recovered	**25%**	**25%**	**25%**	**25%**	**25%**	**25%**	**50%**	**50%**	**50%**	**50%**	**50%**	**50%**		
	Retrospective Recovery						G-Code Policy Unit Mitigation and FWA Flagging							
ALL	**1/1/2014**	**2/1/2014**	**3/1/2014**	**4/1/2014**	**5/1/2014**	**6/1/2014**	**7/1/2014**	**8/1/2014**	**9/1/2014**	**10/1/2014**	**11/1/2014**	**12/1/2014**	**Mitigated Annual**	**Savings Estimate**
FCET	$25,190	$46,959	$31,073	$30,640	$61,542	$30,937	$25,149	$25,149	$25,149	$25,149	$25,149	$25,149	$377,236	$226,341
UNET	$647,624	$590,919	$551,030	$995,150	$693,390	$160,355	$376,631	$376,631	$376,631	$376,631	$376,631	$376,631	$5,898,253	$3,140,892
Total	**$672,814**	**$637,878**	**$582,102**	**$1,025,790**	**$754,932**	**$191,292**	**$401,780**	**$401,780**	**$401,780**	**$401,780**	**$401,780**	**$401,780**	**$6,275,488**	**$3,367,233**

Project Title: Behavioral Ancillary Services HCQAI

Champion: Pete Brock

MBB Lead: Teresa White

•Problem & Goal Statement

- Problem Statement: Upward trend in UNET FI Ancillary claims which hit Behavioral's financial ledger, maintained at a high/problematic level. Lab General (Rev Code 300) and Drug Screen (801XX) CPTs are primary targets for intervention.
- Goal/Objective Statement: To decrease the spend on Revenue Code 300 by 1.3 M as measured by Hyperion/EDW claims reporting by 2014. To identify any inappropriate charges/processes, controlling FWA through SIU and management of lab charges, and potential to address Unit Cost.
- Charter is posted in Project Tracker #5824

•Data/Tool

Code	Service Description	Spend		Change	% Change
		YTD Oct 2012	YTD Oct 2013		
801xx	Drug Screen	2,849,232	4,258,238	1,409,006	49%
80101	DRUG SCREEN, SINGLE	2,465,349	2,029,259	-436,090	-18%
80104	N QUAL 1+ CLASS NONCHROMOTOGRAPHIC EA	76,696	1,523,148	1,446,452	1886%
80102	DRUG CONFIRMATION	307,187	705,831	398,644	130%
300	Lab General	605,737	3,447,266	2,841,529	469%
A04xx	Transportation/Ambulance	2,653,214	2,833,278	180,064	7%
240	All Inclusive Ancillary General	479,745	746,465	266,720	56%
Other	Other Ancillary Services	1,767,988	1,442,899	-325,089	-18%
Total	**Total**	**8,355,911**	**12,728,136**	**4,372,225**	**52%**

•Status Updates

- G Code Policy to be implemented on all platforms effective 7/1/2014; **remaining tasks include Policy updates**
- **Meeting w/UHC re: logic in Cause Code Derivation Tables**
- **Participating in UNET and OBHS Facets Dx Exclusions projects; prepared content for Executive Briefing**
- To implement iCES Laboratory Services for Behavioral claims on UNET effective 8/23 with reprocessing to 7/1
- Provider Network Integrity (PNI) will pursue iCES on U DIVs in CSOMOS PS M&R, possibly in 2015

•Next Steps

- Contact UHG re: Policy; review of claims lifecycle to ID potential interventions for improved processing (from a $ standpoint)
- Bi-weekly check-in meetings re: flagging
- **Still discussing flags on COSMOS**
- To discuss flags/approach on RV Facets

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Ancillary Lab Spend 2011-2013

Drug Screen and Lab Test cost and PMPM for Internal UHC FI block
Date of Service 2011-2013

				Trend	
	2011	**2012**	**2013**	**2012/2011**	**2013/2012**
Member Months	52,437,288	52,917,264	52,302,958	0.9%	-1.2%
Spend					
Lab General (Rev Code 300)	$151,000	$826,855	$4,270,393	448%	416%
Drug Screen (801xx)	$2,427,520	$3,689,281	$5,534,028	52%	50%
Total	$2,578,519	$4,516,135	$9,804,421	75%	117%
PMPM					
Lab General (Rev Code 300)	$0.00	$0.02	$0.08	443%	423%
Drug Screen (801xx)	$0.05	$0.07	$0.11	51%	52%
Total	$0.05	$0.09	$0.19	74%	120%

Observed Behavioral Ancillary Trend

UHC FI
YTD Oct 2012 - YTD Oct 2013

Level of Care	Spend		% Change
	YTD Oct 2012	YTD Oct 2013	
Acute Inpatient	51,374,487	51,726,346	1%
Ancillary	6,586,636	11,932,523	81%
ECT	2,776,157	2,083,133	-25%
Intermediate	28,544,491	32,374,862	13%
Outpatient Services	89,040,330	77,270,536	-13%
Professional Services	5,172,226	7,874,016	52%
Structured Outpatient	21,264,427	19,356,032	-9%
Total	204,758,754	202,617,448	-1%

Ancillary Trend continues to increase at a disproportionate rate compared to other Levels of Care.

Code	Service Description	Spend		Change	% Change	% of Total
		YTD Oct 2012	YTD Oct 2013			
801xx	Drug Screen	2,849,232	4,258,238	1,409,006	49%	33.46%
80101	DRUG SCREEN, SINGLE	2,465,349	2,029,259	-436,090	-18%	15.94%
80104	DRUG SCRN QUAL 1+ CLASS NONCHROMOTOGRAPHIC EA	76,696	1,523,148	1,446,452	1886%	11.97%
80102	DRUG CONFIRMATION	307,187	705,831	398,644	130%	5.55%
300	Lab General	605,737	3,447,266	2,841,529	469%	27.08%
A04xx	Transportation/Ambulance	2,653,214	2,833,278	180,064	7%	22.26%
240	All Inclusive Ancillary General	479,745	746,465	266,720	56%	5.86%
Other	Other Ancillary Services	1,767,988	1,442,899	-325,089	-18%	11.34%
Total	**Total**	**8,355,911**	**12,728,136**	**4,372,225**	**52%**	**100.00%**

Lab Services billed on CMS -1500 (801XX) and UB92 (Rev Code 300) represent 60.5% (4.2M) of total Ancillary spend.

Cost drivers: Inappropriate Drug testing

Some treatment providers and sober home operators are being offered a chance to share the profits of their patients' and residents' drug tests

Examples of typical scams

1. Billing for *quantitative* tests (how much of a drug is present) when there are no positive initial qualitative (presence of a substance) results*
2. Charging excessive amounts beyond usual and customary for lab tests
3. Excessive drug screenings during a Residential stay (screening up to five times a week when the patient has not left the facility

   - Facility tests residents via a single screen for up to 15 substances
   - If that single screen comes up positive, the specimen then goes to confirmation testing to determine which of the 15 substances it was positive for ($100 for each confirmation)
     = $1,500 a test

     Five tests per patient per week X $1,500 per test = $7,500 per week

ALCOHOLISM & DRUG ABUSE WEEKLY

Drug testing 'partnership' lures treatment centers despite ethics issues

"With an out-of-network payment, there's no utilization review, no contract and no tracking, and the patient co-pay gets written off,"

"The people getting ripped off are the insurance companies, and the people paying premiums, whose rates are going up because of these scams"

— Alcoholism & Drug Abuse Weekly, March 17, 2014

* A qualitative lab test detects the presence of a substance, a toxin or a drug without measuring the amount. A quantitative test measures the amount. Only if the qualitative results are positive would a quantitative test be conducted.

OPTUM™

Cost drivers: Inappropriate Drug testing – Con't.

- **OIG report: Fla. a hot spot for fraudulent Medicare lab billings**

A report from the HHS Office of Inspector General shows that Medicare fraud remains a major problem in South Florida, where fraudsters now seem to be focusing on clinical-lab-services billings. The OIG identified 13 signs of questionable lab-services billings made to Medicare in 2010 and flagged 156 laboratories in the state, 40% of which were located in Miami-Dade and Palm Beach counties. Florida-based labs racked up $255 million in questionable lab billings, according to the report. American City Business Journals/South Florida (7/17)

E&I Benefit Trend Analysis
Facility Based Care “Watch Lists” by Region

Key Regional FBC Trend Drivers- Northeast

- **UHC Mid-Atlantic**: INT is 5.4% unfavorable from target with admissions as the driver of trend up 13.1% YOY.
  - PHP driving INT trend with 71% of admissions
  - 46% of PHP admissions for mood disorder
  - MH PHP at Dominion Hospital ALOS at 8 days w/a 7% readmission rate
  - **MH PHP step-down volume high at same facilities(Sheppard & Dominion); step downs within these facilities should be staffed**
  - Multiple outlier PHP admissions for eating disorders- 15 day ALOS, 13% ReAd rate
  - 4 Outlier RTC admissions – Poplar Springs 35 days, Sheppard & Enoch Pratt 32 days, Timberline Knolls 30 days, Castlewood 29 days
  - **SA RTC to PHP step downs at Mountain Manor- 16 days ALOS between LOC's, step downs should be staffed**.
  - 35% of all facility based admissions w/in ACA
  - 47% of RTC admissions are win ACA population – 88% SA(36% OON utilization)
  - 61% Non ETOH/ 39% ETOH
  - 59% of OON SA utilization w/in ACA population

- **UHC NYC/NJ/SO CT:** IP Auth days 66.3% unfavorable to target, 39.7% YOY increase in admissions w/a slight increase in ALOS; INT is 64.8% unfavorable from target w/admissions driving trend up 49.7% YOY, ALOS is showing a slight increase.
  - **NYP – Weill Cornell** - ALOS 19.7 w/a 33% ReAd rate
  - 47% of IP admissions for mood disorder, 47% adult population
  - IP SA admissions at 38% – #1 facility in Florida **OON Sunrise Detox(18% read rate), # 3 OON Deerfield Florida House(40% read rate)**
  - MH IP outlier cases at Riverview for 72 days, Fairmount 43 days
  - Increased RTC and PHP outlier ED cases – resulted in ABD
  - 65% OON SA utilization w/in ACA population, 66% non ETOH diagnostic group

- **Oxford NY/NJ :** IP auth days 2.5/5% unfavorable to target, trending up. ALOS is trending up 9.1% in NJ; INT auth days in NJ is 43.8% unfavorable from target- while admissions and ALOS remain flat(membership is down 18% in NY and 11% in NJ)
- ****AWAITING UPDATED PAID CLAIMS**
  - NJ March and April saw a 66% spike in authorized days- (Kennedy Kreiger case -possible overturned appeals at 79 days- HMO member)
  - Facilities to note: **New York Presbyterian** paid days total 3267 to Oct 2013- 6.1 million, 2nd highest facility LIJ at 1.8 million.
  - Adults ages 27-64 represent 4+ million of spend at NYP
  - ACA spend at NYP 2 million
  - ACA population spend at LIJ over 1million
  - NJ members at Fl OON facilities authorized 376 days
  - NY members at Fl OON facilities authorized 1413 days

Key Regional Trend Drivers- Southeast

UHC Alabama: IP admissions up 38.6% YOY. Auth days 8.2% unfavorable from target- driven by increase in admits and ALOS

- Mood Disorders drive IP admits and ALOS, BiPolar cases have 33% 30 day ReAd rate
- SA represents 36% of IP admits- ETOH primary
- 57% Adult Subscriber and Spouse drives IP trend
- **Brookwood Medical Center 12 day- IP MH ALOS**

UHC Arkansas: IP admissions up 28.7% YOY, Auth days 10.4% unfavorable from target- driven by increase in admits; INT auth days 52.9% unfavorable from target driven by increase in admits and ALOS up 20.5%.

- 60% of IP admissions – depression/BiPolar, 30% SA- ETOH Primary
- 58% Adult subscriber/spouse drive IP admissions
- **Bridgeway** - Top facility for IP SA & MH admissions- read rate of 14.3% on IP SA
- 5 Outlier RTC cases driving INT trend(depression/BiPolar- Adol/ACA dependents)

UHC Georgia: INT auth days 21.8% unfavorable from target driven by increase in admissions, ALOS remains flat.

- PHP drives this trend with 76% of admissions (44% MH/43% SA/9% ED)
- RTC admissions have an 81.5% outlier rate, 40% OON utilization – OON outlier at 91%
- 44% Adults, 35% ACA, 20% Child/Adol
- **Ridgeview Institute** high volume w/a 13.3% ReAd rate

UHC Mississippi: IP admissions up 29.8% YOY, Auth days 48.6% unfavorable from target, driven by an increase in admissions and 8.9% increase in ALOS; INT auth days 8% unfavorable from target, driven by increase in ALOS, admits are trending down

- Mood disorders account for 63% of IP admissions
- Adults/older adults account for 54% of IP admissions
- **Alliance Health Center** has 16.7% 30 day ReAd rate for IP

Key Regional Trend Drivers- Southeast Cont'd

UHC Orlando : IP admissions up 15.4% YOY, Auth days/1000 27.2% unfavorable from target driven by an increase in admissions, ALOS remains flat; INT Auth days 26.7% unfavorable from target driven by a 38.9% increase in admissions.

- Mood disorder= 64% of IP MH, 20% SA; SA accounts for 67% of INT admissions
- **South Seminole Hosp** has 18.5% - 30 day ReAd Rate, Central Florida better MH performance
- **La Amistad** ALOS is 40 days between MH RTC and PHP - stepdowns should be staffed
- Adult population driving trend in IP MH at 48%
- Non ETOH SA admits – 61% ACA population, SA cases – 61% OON utilization- trending up
- 3 ED outlier cases RTC- PHP step down w/ 201 days impacting INT days

UHC SFL: IP admits up 3.6% YOY, Auth days/1000 9.3% unfavorable from target driven by an increase in admissions and ALOS is up 3.8%; INT Auth days 9.3% unfavorable from target driven by a 18.3% increase in admissions.

- IP Admits – 45% Mood disorder, 43% SA; INT admits – 78% SA(67% Non ETOH/33% ETOH)
- **West Palm Hosp-** high volume, low ALOS, high read 17.6%
- 76% of facility based SA admissions at OON facilities driving trend- 72% Non-ETOH Diagnosis
- **Highpoint and Sunrise Detox** – high volume, high ReAd rate OON
- 62% outlier rate in OON SA facilities, 19.5% IP readmit rate for SA
- Recommend Ambulatory MAT options for Broward/Palm Bch area
- ACA admissions drive IP and INT trend w/42% of MH/SA admits, 45% of SA

UHC South Carolina: INT auth days 42.4% unfavorable from target driven by a 66.5% increase in admissions, ALOS is trending down.

- SA = 68% of INT admits, 30% to OON – trending up
- PHP drives trend
- 64% adult subscriber/spouse

Key Regional Trend Drivers- Southeast Cont'd

UHC Tampa: IP auth days/1000 13.7% unfavorable from target driven by a slight increase in ALOS and outlier cases; INT auth days is 11.3% unfavorable from target driven by an increase in admissions

- Mood disorder = 63% of IP admits
- Adult/older adult admissions =55%
- **Park Royal Hospital-** highest volume/highest ALOS 7.8 days/ ReAd 10%- Attending Mazzorana has lower read and denial rate – should be preferred attending.

UHC Tennessee : IP admissions up 2.1% YOY, Auth days/1000 12.4% unfavorable from target driven by an increase in admissions and ALOS; INT auth days is 21.8% unfavorable from target driven by a 17.8% increase in admissions and 13.6% increase in ALOS

- Mood disorder= 62% of IP MH, 63% adult population
- SA= 57% of INT admissions, 66% adult population
- **Lakeside Behavioral** highest volume IP MH and read rate of 15%
- 2 RTC outlier cases with 44 day ALOS impacting INT targets

Key Regional FBC Trend Drivers- "Watch List"

Central

- **UHC Illinois Inpatient :** YTD IP is 16.2% unfavorable to target driven by 7.6% increase in admits/1k and 7.8% increase in ALOS

- Per April BenEx report, overall PMPM trending up 7.7% and 5.7% YOY increase in membership
- IP (27% of BenEx spend) is trending up at 10.3% (300K) due to 6% increase in Utilization (5.9 % increase Admits/1k and 0.1% in ALOS); Paid Unit Cost increase of 4.1% ($625.59 vs. $651.09); Intermediate trending up 31.6% (600K) driven by 13.7% YOY increase in Utilization (29.4% increase in ALOS & 15.7% increase in Paid Unit Cost); Penetration has decreased YOY 12.1%
- Readmit Rate 10.8 Jan. thru May 2014 driven by ACA 47% of IP readmits and Adult 37% of IP admits
- YOY increase in admits and ALOS (557 admits YTD vs. 512 in 2013; ALOS 4.5 YTD vs. 4.1 in 2013)
- The following age groups are indicating a YOY increase in IP admits: 12-17 (124 YTD vs. 114 in 2013); 22-26 (88 YTD vs.57 in 2013; 27-64 (YTD 252 vs. 249 in 2013)
- Diagnostic categories driving IP admits are Depression and Bipolar
- Six (6) longer LOS outliers: 62 day Schizoaffective; 33 day, 26 & 21 day Bipolar; 21 day & 16 day Depression; the 62 day member had multiple re-hospitalizations and is now termed due to going on Medicaid; she was the only longer LOS outlier with a readmission
- Three (3) top 5 IP facilities are indicating a 2yr trend in terms of ALOS and/or ReAdm Rate***; Northwest*** has 5.3 ALOS and 20.8% ReAdm Rate; ***Havenwyck*** has 5.9 ALOS; ***Alexian Brothers*** has 10.6 ReAdm Rate and a 5.1 ALOS

Key Regional FBC Trend Drivers- "Watch List"

West

- **UHC Arizona**: IP YTD is 21.8% unfavorable to target driven by 15.3% YOY increase in Admits/1k and 0.6% YOY decrease in ALOS

- Per April BenEX report, overall PMPM trending up at 23.3 (1.61M) - 1.74 M in Mar.;
- Ancillary costs indicate a 70% YOY increase (400K)
- IP UM accounts for 34% of expense spend; IP trend is up 34.9% (700K) YOY due to 37.1% increase in Util. (Admits 24.1% increase & 10.5% ALOS increase
- PHP Step-Down: 3.6% YTD vs. 2.7% in 2013
- Direct Admits to PHP: 87.4% YTD vs. 91.2% in 2013
- Depression continues to be the top IP diagnostic driver for all populations, however SUD primary comprises 28% of all IP admissions; Alcohol primary is driver of SUD particularly for the Adult population; Non- ETOH for ACA pop.
- 2 IP facilities indicate a 2 year outlier status for ALOS & ReAdm Rate; ***Aurora Behavioral Tempe* LLC** has highest number of admits, 30 Day ReAdm Rate of 13.8% and 5.8 ALOS; ***Valley*** has 7.2 ALOS and 12..6% ReAdm Rate
- 2.5% YOY increase in IP Unit Cost $639 vs. $655
- ***Valley*** has been ACE trained and ***Aurora Behav. Tempe, LLC*** is in negotiations for Pay for Performance
- ReAdm Rate within target, however EDO has ALOS of 12.2 days and Depression 6.0; Thought Disorder has highest rate of ReAdm at 17.6% and Non-ETOH has 2nd highest rate of readmits at 17.4%

- **Intermediate** YTD is 43.8% unfavorable to target driven by 40.4% YOY increase in Admits/1k and a 5.2% decrease in ALOS

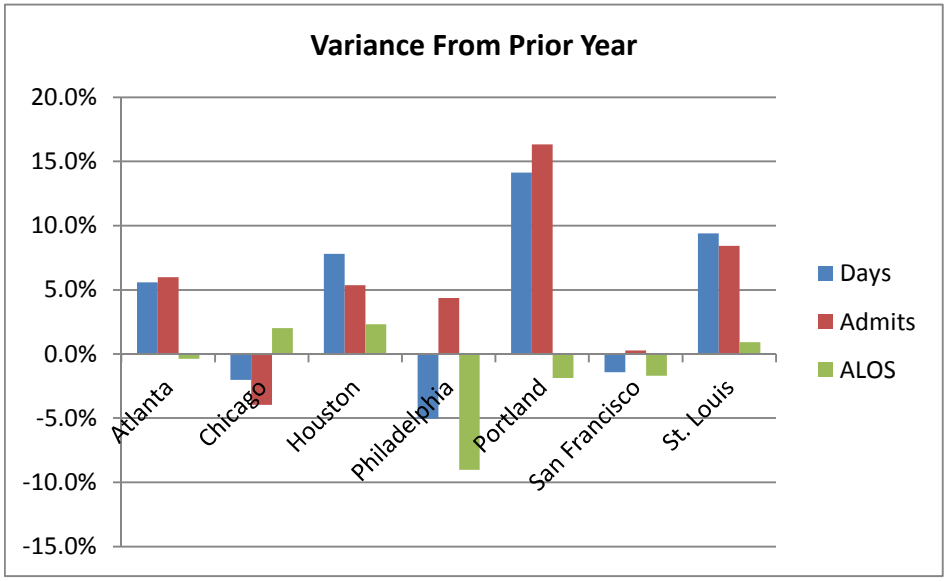
- Intermediate trending up at 52.1% YOY (400K) due to 50.3% increase in Utilization (80.6% ALOS); Penetration decreased 16.8%; YTD thru Apr., 15 RTC cases with 15+ ALOS accounted for 66% of total days used; SUD driving admits to Intermediate; More Non-ETOH admits, but ETOH has higher LOS
- Intermediate Unit Cost 1.2% increase $359 vs. $363
- Eating Disorder continues to have longer LOS cases at both RTC & PHP LOC (19.3 ALOS in PHP & 21.8 in RTC)
- ACA 41% of RTC vs. 40% for adult population; ACA 56% of PHP admits and 35% for Adults; SUD driver for both populations
- ***No issues noted with Intermediate facilities Jan – Apr. due to low number of admits YTD***, other than ALOS for 1 to 3 cases at each of the Top 5 RTC & PHP facilities
- SUD issues for all LOC are being addressed by development of Peer Support/Recovery Coaching and MAT services
- Intermediate OON use appears to be related to facilities in AZ who refuse to contract with Optum; Network ; consumers are using their OON benefit
-

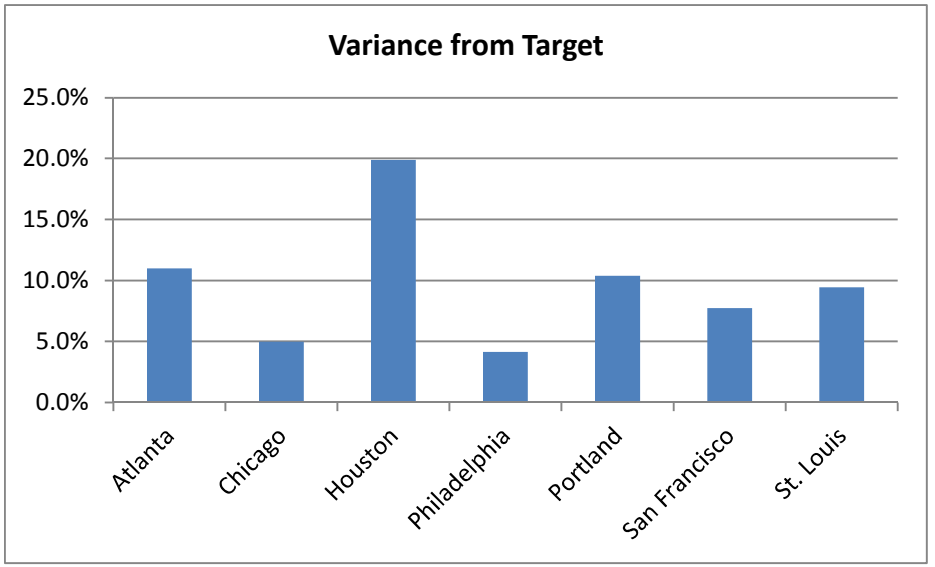
APPENDIX

- Authorization Data: 2014 YTD
- Paid Claim Trends: National/Regional
- Consultant Advisory Council: Behavioral "age 18-25 cohort" Presentation
- 18-25 Cohort Trend/SUDs and Destination Provider Detail

E&I 2014 YTD IP Authorizations

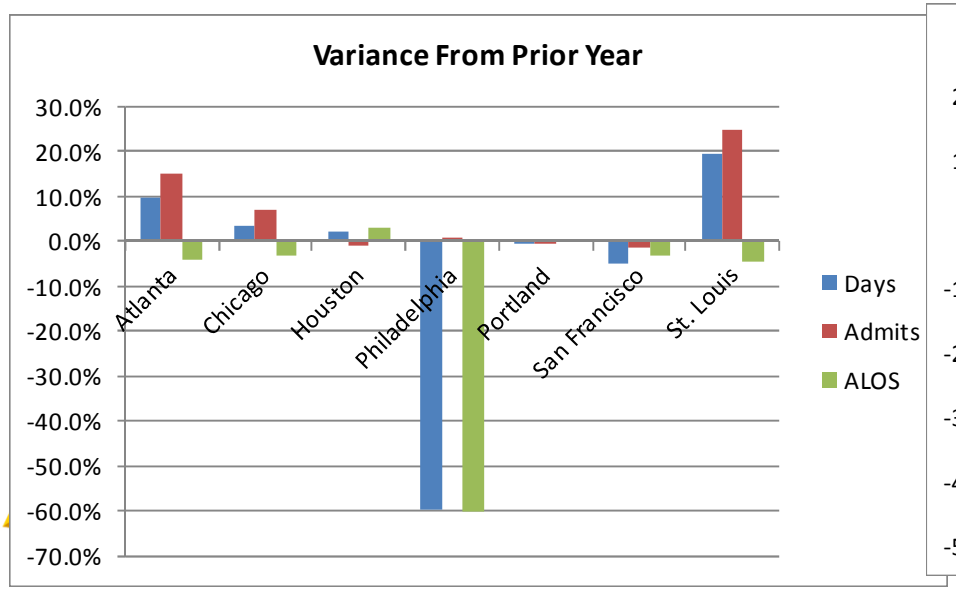
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
Atlanta	6826767	10883	20.0	19.0	18.0	5.6%	11.0%	2205	4.1	3.8	6.0%	4.9	5.0	-0.4%
Chicago	12365401	25562	25.9	26.5	24.7	-2.0%	5.0%	3707	3.8	3.9	-4.0%	6.9	6.8	2.0%
Houston	3996478	6419	20.2	18.7	16.8	7.8%	19.9%	1164	3.7	3.5	5.4%	5.5	5.4	2.3%
Philadelphia	153744	268	22.0	23.2	21.1	-5.0%	4.1%	48	3.9	3.8	4.4%	5.6	6.1	-9.0%
Portland	750871	702	11.8	10.3	10.7	14.1%	10.4%	118	2.0	1.7	16.3%	5.9	6.1	-1.9%
San Francisco	4104611	6289	19.3	19.5	17.9	-1.4%	7.7%	1294	4.0	4.0	0.3%	4.9	4.9	-1.7%
St. Louis	11900923	18876	19.9	18.2	18.2	9.4%	9.4%	3812	4.0	3.7	8.4%	5.0	4.9	0.9%
Totals:	**40098795**	**68999**	**21.6**	**21.1**	**19.9**	**2.5%**	**8.7%**	**12348**	**3.9**	**3.8**	**2.7%**	**5.6**	**5.6**	**-0.1%**

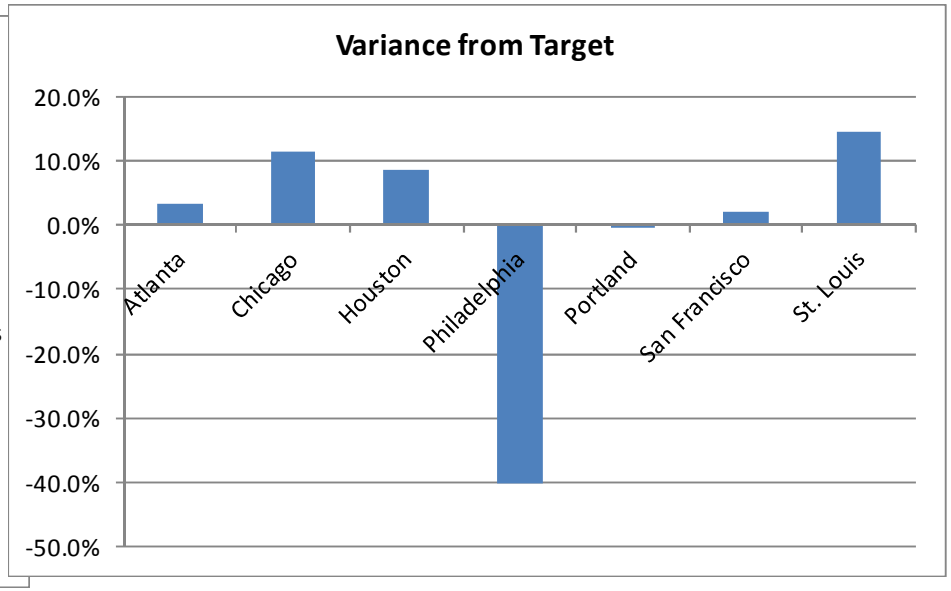




E&I 2014 YTD Intermediate Authorizations

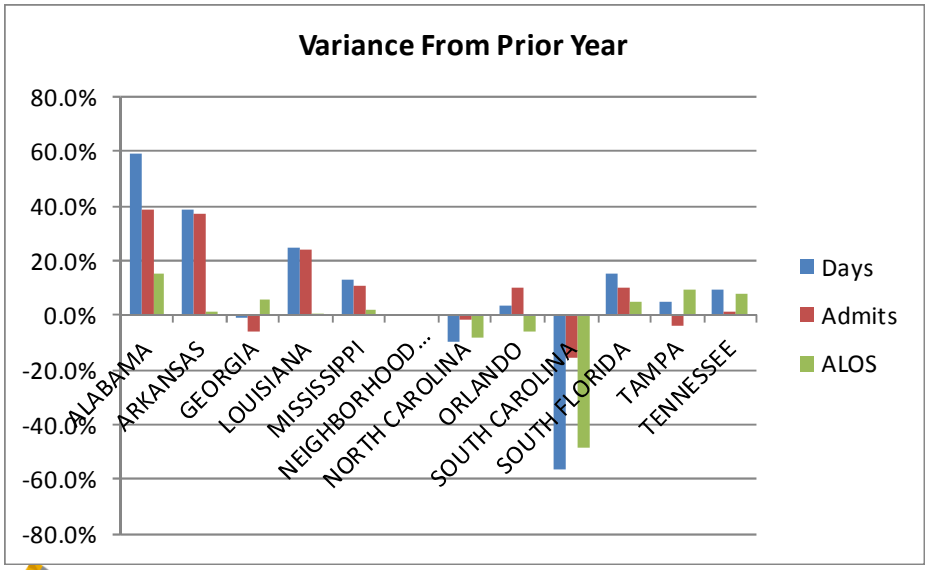
	MEMBERSHIP	AUTH DAYS	AUTH DAYS PER 1000					AUTH ADMITS	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
Atlanta	6826767	14793	27.2	25.4	24.5	7.2%	11.2%	1277	2.4	2.0	15.4%	11.6	12.5	-7.2%
Chicago	12365401	24229	24.6	23.2	21.7	6.0%	13.5%	2492	2.5	2.4	6.5%	9.7	9.8	-0.5%
Houston	3996478	8637	27.2	25.5	23.0	6.6%	18.2%	839	2.6	2.6	3.2%	10.3	10.0	3.3%
Philadelphia	153744	169	13.9	34.4	28.2	-59.7%	-50.8%	21	1.7	2.0	-13.7%	8.0	17.2	-53.3%
Portland	750871	1836	30.8	39.1	36.2	-21.1%	-14.9%	164	2.8	2.9	-5.8%	11.2	13.4	-16.3%
San Francisco	4104611	9416	28.8	31.1	27.9	-7.2%	3.4%	992	3.0	3.0	-0.1%	9.5	10.2	-7.0%
St. Louis	11900923	21441	22.7	20.0	20.3	13.0%	11.8%	2145	2.3	1.9	20.4%	10.0	10.6	-6.1%
Totals:	**40098795**	**80521**	**25.2**	**23.9**	**22.8**	**5.5%**	**10.7%**	**7930**	**2.5**	**2.3**	**9.8%**	**10.2**	**10.6**	**-3.9%**

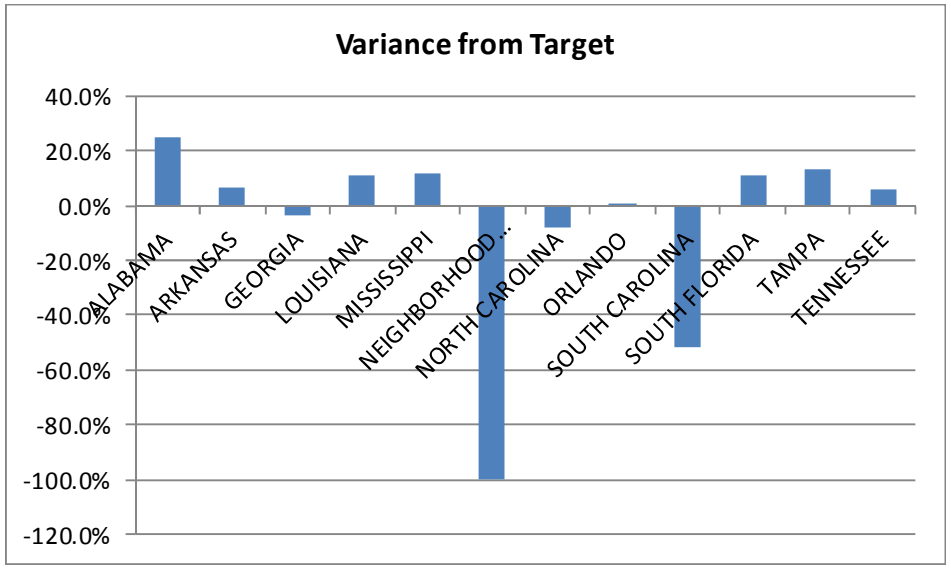




E&I 2014 YTD IP Authorizations - Atlanta

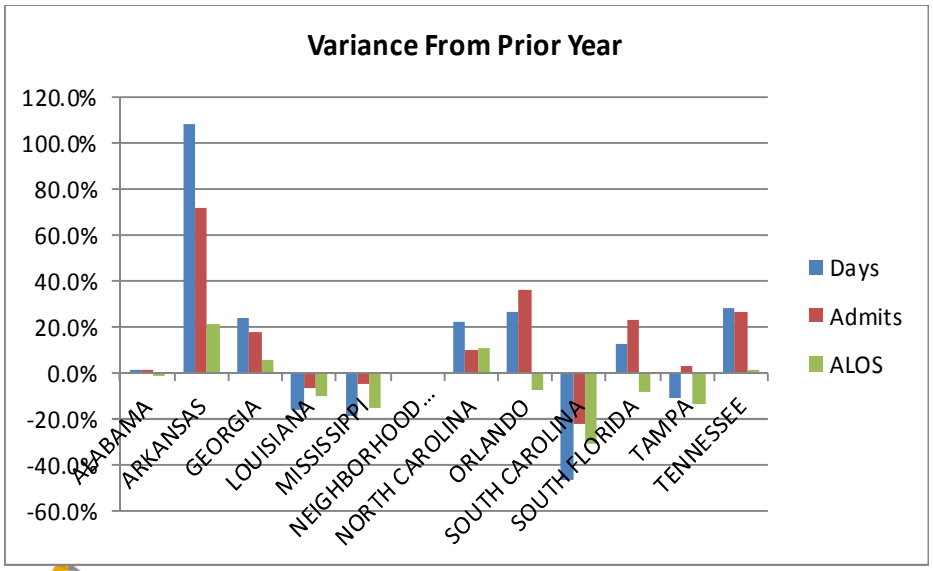
	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					AUTH ADMITS	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
ALABAMA	186004	187	12.6	8.3	11.6	51.9%	9.3%	38	2.6	1.8	39.9%	4.9	4.5	8.6%
ARKANSAS	286435	450	19.8	15.6	18.2	26.8%	8.4%	96	4.2	3.3	28.6%	4.7	4.8	-1.4%
GEORGIA	721876	1124	19.6	21.2	19.4	-7.8%	0.9%	205	3.6	3.9	-7.4%	5.5	5.5	-0.4%
LOUISIANA	504109	861	21.5	20.6	21.5	4.5%	0.1%	165	4.1	3.8	8.1%	5.2	5.4	-3.3%
MISSISSIPPI	328893	549	21.0	14.9	14.2	41.0%	48.2%	102	3.9	3.0	29.8%	5.4	5.0	8.6%
NEIGHBORHC	729666	699	12.0	11.3	12.0	6.9%	0.0%	157	2.7	2.6	4.6%	4.5	4.4	2.2%
NORTH CARO	1006260	1368	17.1	17.2	16.8	-0.8%	1.7%	279	3.5	3.2	8.4%	4.9	5.4	-8.5%
ORLANDO	981574	1900	24.3	20.9	19.0	16.4%	27.9%	389	5.0	4.3	16.2%	4.9	4.9	0.2%
SOUTH CARO	55533	58	13.1	24.0	13.0	-45.4%	1.0%	13	2.9	3.2	-9.0%	4.5	7.4	-40.0%
SOUTH FLORI	684883	1353	24.8	22.9	22.6	8.3%	10.1%	269	4.9	4.7	4.6%	5.0	4.9	3.5%
TAMPA	954863	1645	21.6	21.7	19.0	-0.2%	14.0%	371	4.9	5.0	-2.5%	4.4	4.3	2.4%
TENNESSEE	386671	689	22.4	21.1	20.0	6.1%	12.0%	121	3.9	3.9	1.4%	5.7	5.4	4.7%
Totals:	**6826767**	**10883**	**20.0**	**19.0**	**18.0**	**5.6%**	**11.0%**	**2205**	**4.1**	**3.8**	**6.0%**	**4.9**	**5.0**	**-0.4%**

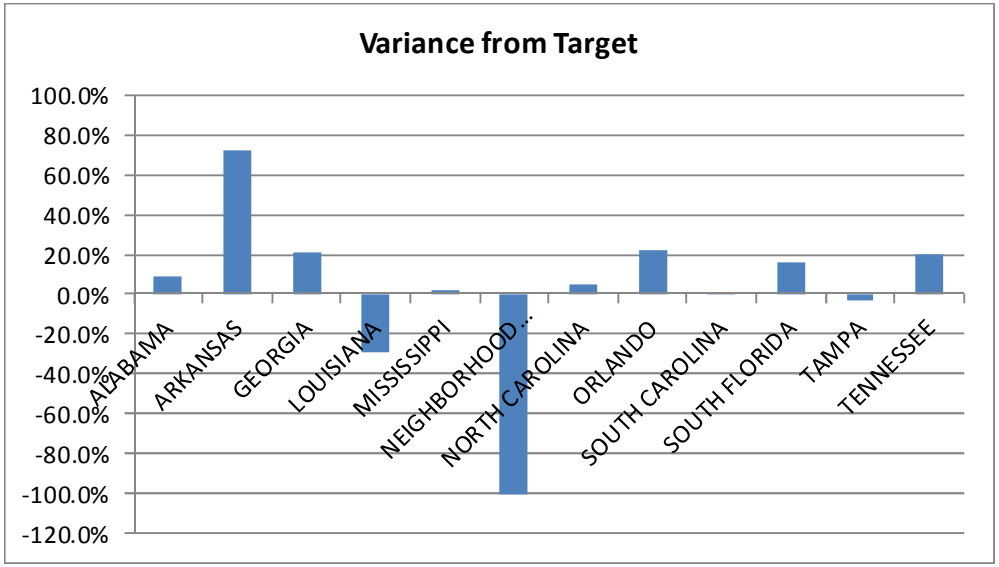




E&I 2014 YTD INT Authorizations - Atlanta

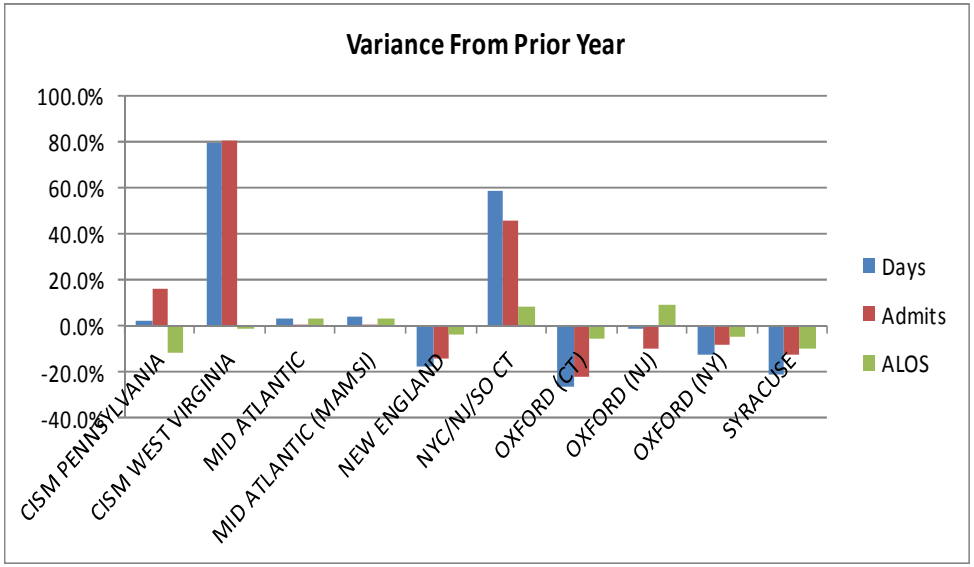
	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					AUTH ADMITS	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
ALABAMA	186004	223	15.1	17.4	16.0	-13.6%	-6.0%	19	1.3	1.4	-8.8%	11.7	12.4	-5.3%
ARKANSAS	286435	484	21.3	12.5	13.9	70.3%	53.4%	39	1.7	1.2	42.2%	12.4	10.4	19.8%
GEORGIA	721876	1798	31.3	28.2	25.5	10.9%	22.7%	155	2.7	2.4	11.0%	11.6	11.6	-0.1%
LOUISIANA	504109	1169	29.2	33.4	32.0	-12.7%	-8.8%	119	3.0	2.5	18.6%	9.8	13.4	-26.4%
MISSISSIPPI	328893	472	18.1	20.3	16.6	-10.8%	9.0%	39	1.5	1.7	-12.5%	12.1	11.9	2.0%
NEIGHBORH	729666	708	12.2	13.9	12.8	-12.5%	-4.8%	72	1.2	0.9	31.5%	9.8	14.8	-33.5%
NORTH CARO	1006260	1536	19.2	19.0	19.5	0.8%	-1.9%	130	1.6	1.6	0.7%	11.8	11.8	0.1%
ORLANDO	981574	2546	32.6	24.9	25.9	31.2%	25.9%	205	2.6	1.9	38.2%	12.4	13.1	-5.1%
SOUTH CARO	55533	114	25.8	24.6	18.3	4.7%	41.3%	9	2.0	1.2	68.1%	12.7	20.3	-37.7%
SOUTH FLOR	684883	2433	44.7	41.8	40.8	6.8%	9.5%	221	4.1	3.4	18.4%	11.0	12.2	-9.8%
TAMPA	954863	2265	29.8	30.4	27.2	-2.0%	9.4%	184	2.4	2.3	6.7%	12.3	13.4	-8.1%
TENNESSEE	386671	1045	33.9	25.4	27.9	33.5%	21.5%	85	2.8	2.4	16.1%	12.3	10.7	14.9%
Totals:	**6826767**	**14793**	**27.2**	**25.4**	**24.5**	**7.2%**	**11.2%**	**1277**	**2.4**	**2.0**	**15.4%**	**11.6**	**12.5**	**-7.2%**

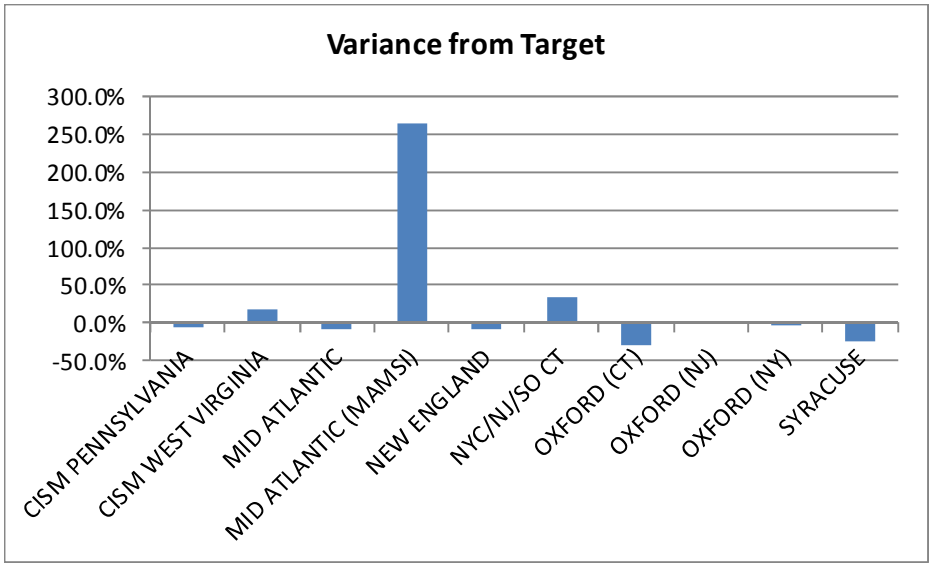




E&I 2014 YTD IP Authorizations - Chicago

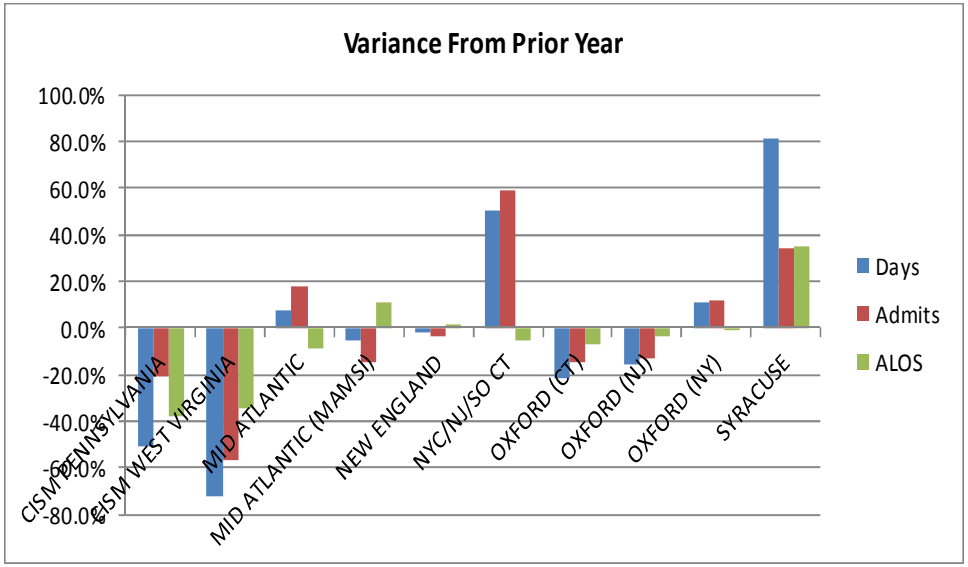
	MEMBERSHIP	AUTH DAYS	AUTH DAYS PER 1000					UTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
CISM PENNSYLVANIA	108442	255	29.5	28.9	28.9	2.1%	2.2%	42	4.9	4.2	16.2%	6.1	6.9	-12.1%
CISM WEST VIRGINIA	25083	25	12.5	10.1	14.8	23.6%	-15.3%	6	3.0	2.8	7.6%	4.2	3.6	14.9%
MID ATLANTIC	1645381	3474	26.5	26.9	25.4	-1.3%	4.5%	572	4.4	4.5	-2.6%	6.1	6.0	1.3%
MID ATLANTIC (MAMSI)	943959	1602	21.3	20.3	18.6	4.8%	14.6%	254	3.4	3.3	1.4%	6.3	6.1	3.3%
NEW ENGLAND	495098	1337	34.0	37.7	33.1	-9.8%	2.6%	202	5.1	6.2	-17.4%	6.6	6.1	9.2%
NYC/NJ/SO CT	938923	1879	25.1	17.9	15.3	40.6%	64.6%	278	3.7	2.7	36.6%	6.8	6.6	2.9%
OXFORD (CT)	399581	825	25.9	35.3	34.5	-26.6%	-24.9%	117	3.7	4.9	-24.8%	7.1	7.2	-2.4%
OXFORD (NJ)	1258726	3395	33.9	34.2	32.4	-0.8%	4.6%	477	4.8	5.2	-9.1%	7.1	6.5	9.0%
OXFORD (NY)	6488316	12652	24.5	25.7	24.1	-4.7%	1.7%	1738	3.4	3.6	-5.8%	7.3	7.2	1.2%
SYRACUSE	61892	118	23.9	35.9	23.8	-33.4%	0.5%	21	4.3	4.1	2.7%	5.6	8.7	-35.2%
Totals:	**12365401**	**25562**	**25.9**	**26.5**	**24.7**	**-2.0%**	**5.0%**	**3707**	**3.8**	**3.9**	**-4.0%**	**6.9**	**6.8**	**2.0%**

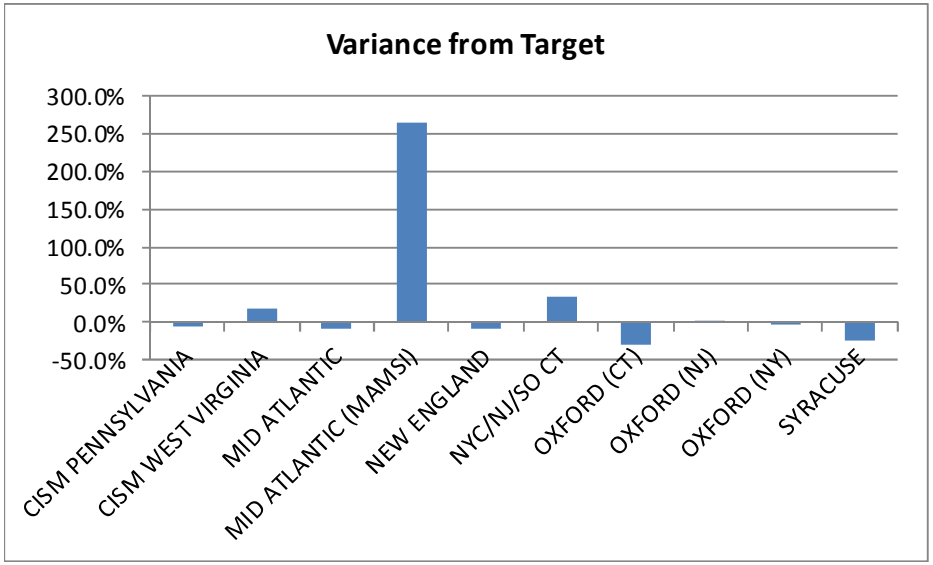




E&I 2014 YTD INT Authorizations - Chicago

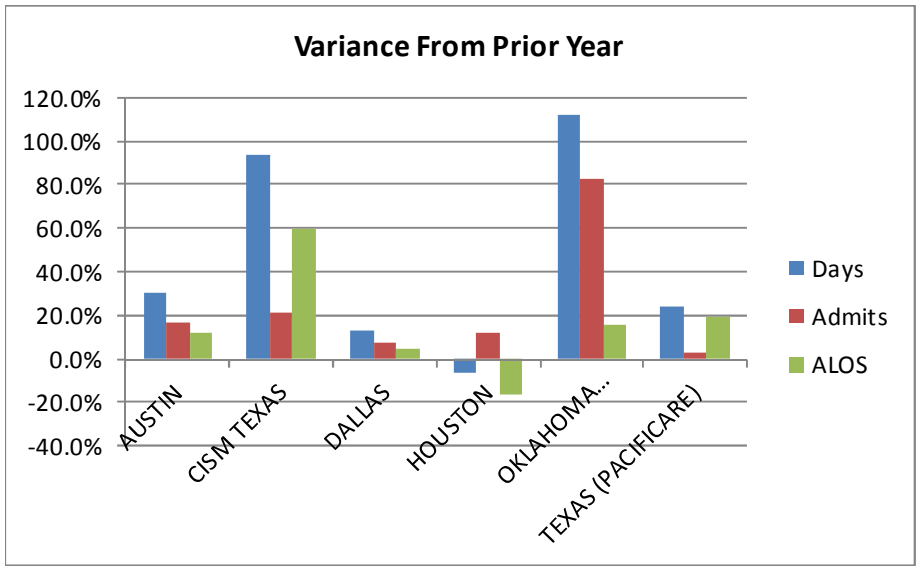
	MEMBERSHIP	AUTH DAYS	AUTH DAYS PER 1000					UTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
CISM PENNSYLVANIA	108442	380	44.0	51.7	46.1	-14.8%	-4.5%	48	5.6	4.9	12.3%	7.9	10.4	-24.2%
CISM WEST VIRGINIA	25083	11	5.5	41.6	40.8	-86.7%	-86.5%	2	1.0	5.2	-80.9%	5.5	7.9	-30.7%
MID ATLANTIC	1645381	4201	32.1	31.5	30.6	1.8%	4.9%	492	3.8	3.3	12.5%	8.5	9.4	-9.5%
MID ATLANTIC (MAMSI)	943959	981	13.1	16.0	6.2	-18.5%	110.2%	119	1.6	2.1	-23.4%	8.2	7.7	6.4%
NEW ENGLAND	495098	1371	34.8	35.2	33.6	-1.0%	3.5%	175	4.4	4.6	-3.6%	7.8	7.6	2.7%
NYC/NJ/SO CT	938923	2253	30.2	19.8	18.6	52.7%	62.4%	230	3.1	2.1	47.9%	9.8	9.5	3.2%
OXFORD (CT)	399581	936	29.4	32.2	21.6	-8.6%	35.9%	94	3.0	3.2	-6.6%	10.0	10.2	-2.1%
OXFORD (NJ)	1258726	3237	32.3	36.0	22.7	-10.2%	42.6%	328	3.3	3.6	-9.9%	9.9	9.9	-0.2%
OXFORD (NY)	6488316	10757	20.8	18.4	20.6	13.2%	1.0%	996	1.9	1.7	11.2%	10.8	10.6	1.8%
SYRACUSE	61892	102	20.7	11.5	12.8	79.7%	61.0%	8	1.6	1.1	51.0%	12.8	10.7	19.0%
Totals:	**12365401**	**24229**	**24.6**	**23.2**	**21.7**	**6.0%**	**13.5%**	**2492**	**2.5**	**2.4**	**6.5%**	**9.7**	**9.8**	**-0.5%**

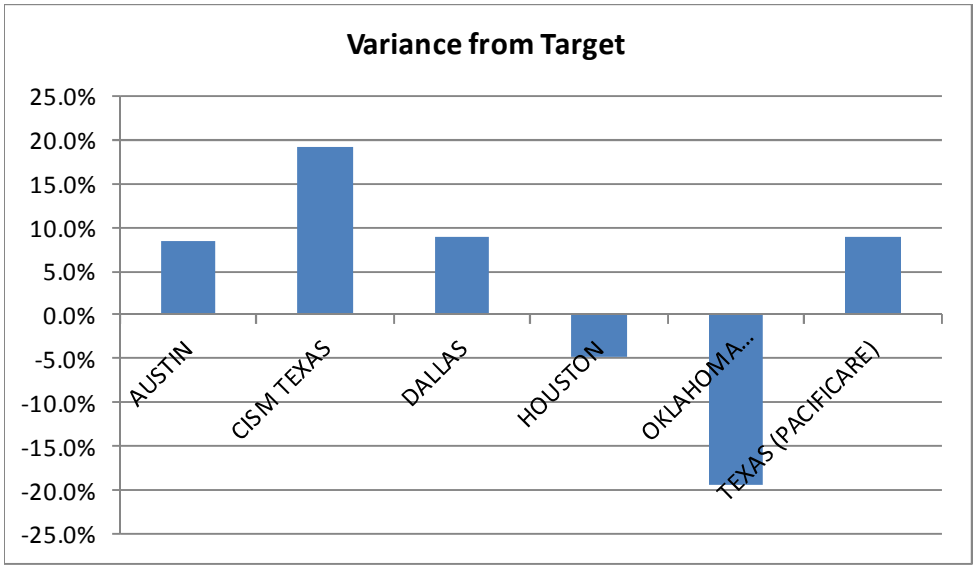




E&I 2014 YTD IP Authorizations - Houston

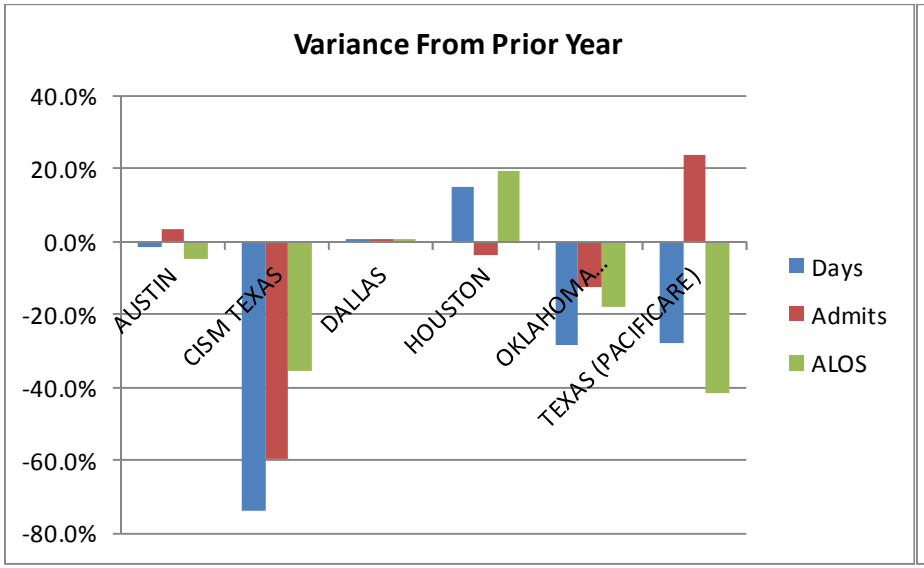
	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					UTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
AUSTIN	684751	951	17.5	15.2	15.2	14.9%	14.6%	185	3.4	3.2	7.2%	5.1	4.8	7.1%
CISM TEXA	9738	50	64.7	39.5	36.2	63.6%	78.6%	6	7.8	6.8	14.5%	8.3	5.8	42.9%
DALLAS	1973382	3655	23.3	19.9	18.7	17.0%	24.3%	639	4.1	3.7	9.1%	5.7	5.3	7.2%
HOUSTON	1297115	1650	16.0	16.8	14.0	-4.9%	14.1%	313	3.0	2.9	4.2%	5.3	5.8	-8.7%
OKLAHOM	15229	77	64.0	58.9	61.3	8.8%	4.5%	15	12.5	9.9	25.5%	5.1	5.9	-13.3%
TEXAS (PA	16263	36	27.7	35.3	28.5	-21.6%	-2.9%	6	4.6	6.6	-29.7%	6.0	5.4	11.6%
Totals:	**3996478**	**6419**	**20.2**	**18.7**	**16.8**	**7.8%**	**19.9%**	**1164**	**3.7**	**3.5**	**5.4%**	**5.5**	**5.4**	**2.3%**

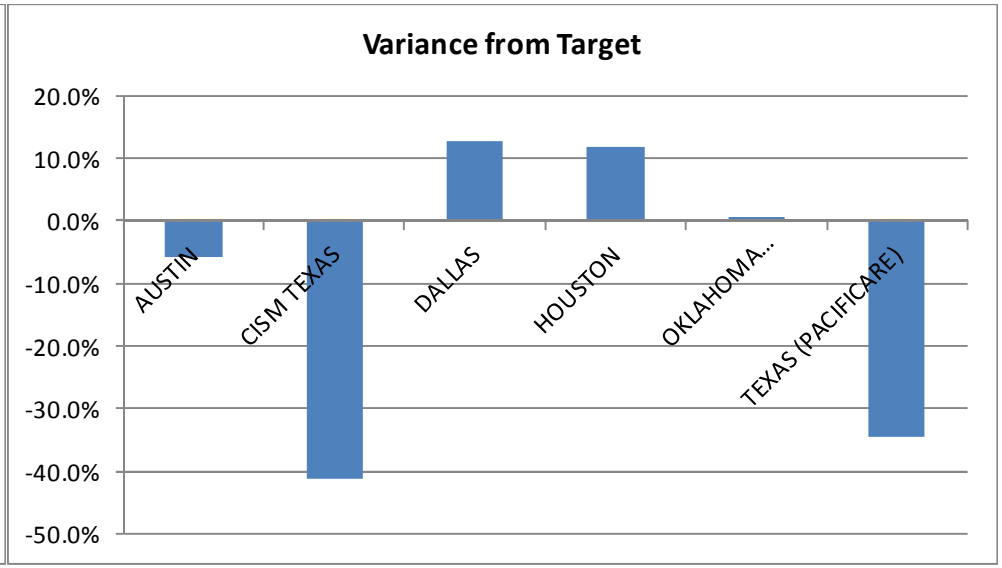




E&I 2014 YTD INT Authorizations - Houston

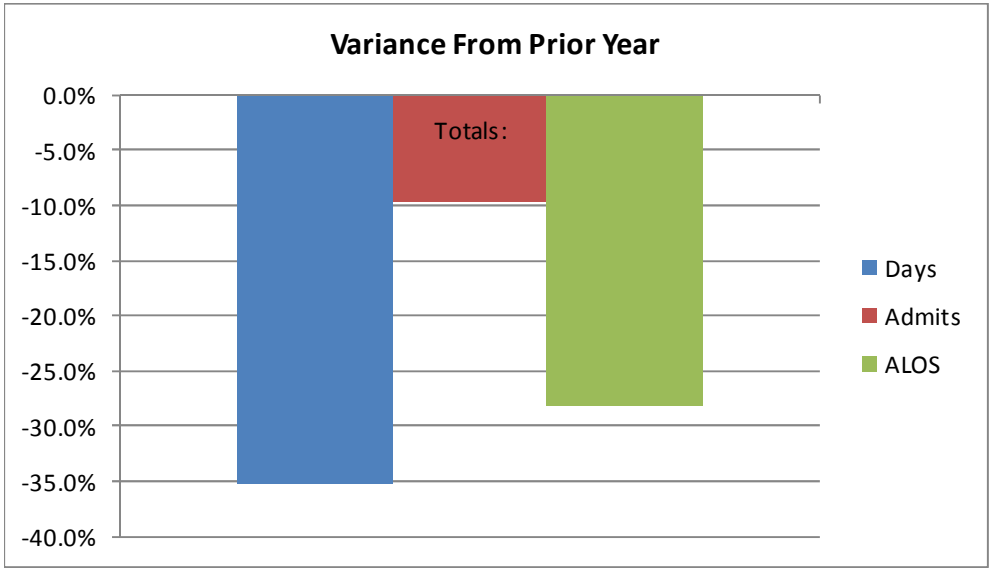
	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					UTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
AUSTIN	684751	1398	25.7	25.7	23.4	0.0%	9.7%	123	2.3	2.4	-5.1%	11.4	10.8	5.3%
CISM TEXA	9738	29	37.5	31.6	19.0	18.6%	96.9%	3	3.9	3.4	14.5%	9.7	9.3	3.6%
DALLAS	1973382	4486	28.6	26.5	24.5	7.7%	16.4%	471	3.0	2.8	7.0%	9.5	9.5	0.7%
HOUSTON	1297115	2567	24.9	21.7	19.4	14.9%	27.9%	223	2.2	2.1	3.3%	11.5	10.3	11.2%
OKLAHOMA	15229	131	108.9	89.4	83.8	21.8%	30.0%	15	12.5	9.9	25.5%	8.7	9.0	-3.0%
TEXAS (PA	16263	26	20.0	44.3	42.6	-54.8%	-53.0%	4	3.1	4.0	-23.1%	6.5	11.1	-41.3%
Totals:	**3996478**	**8637**	**27.2**	**25.5**	**23.0**	**6.6%**	**18.2%**	**839**	**2.6**	**2.6**	**3.2%**	**10.3**	**10.0**	**3.3%**

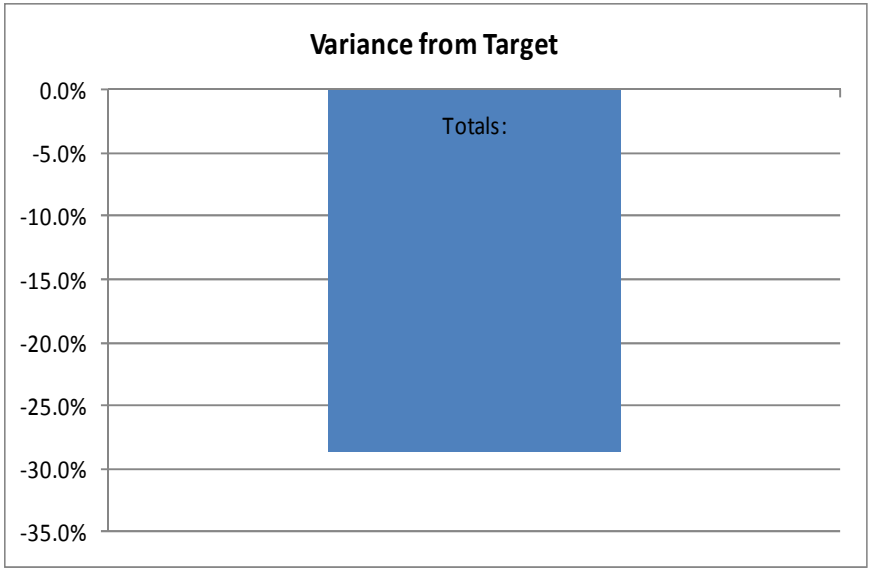




E&I 2014 YTD IP Authorizations - PHL

	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					UTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
HARVARD PILGR	153744	268	22.0	23.2	21.1	-5.0%	4.1%	48	3.9	3.8	4.4%	5.6	6.1	-9.0%
Totals:	**153744**	**268**	**22.0**	**23.2**	**21.1**	**-5.0%**	**4.1%**	**48**	**3.9**	**3.8**	**4.4%**	**5.6**	**6.1**	**-9.0%**





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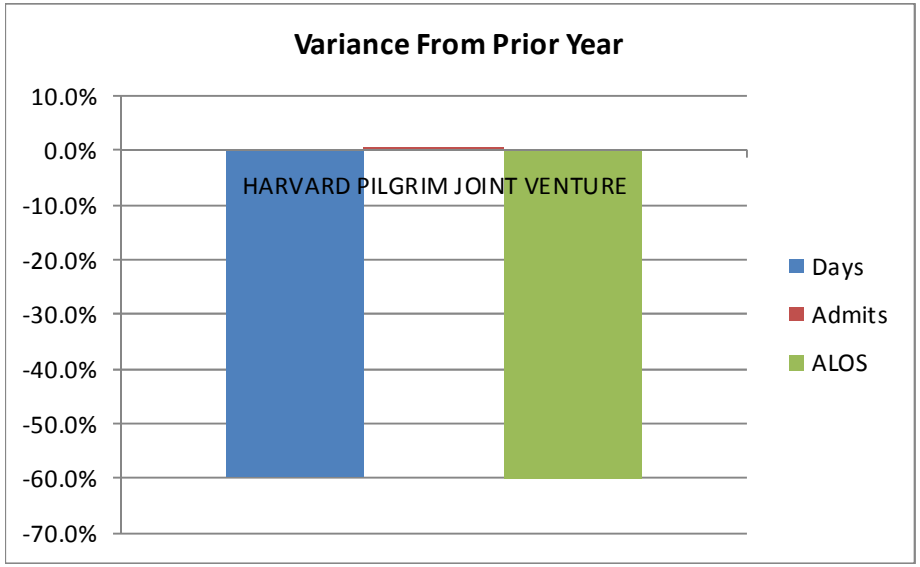
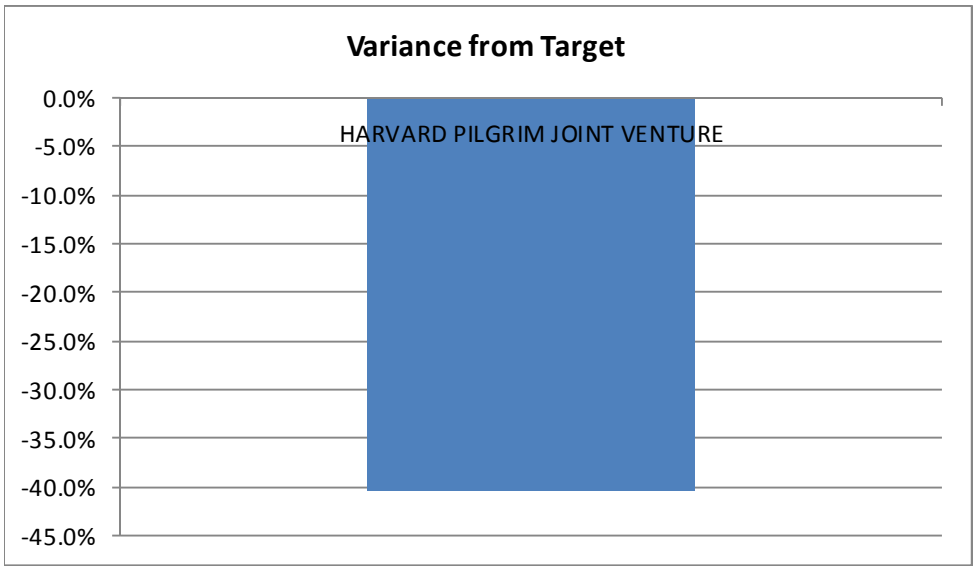
E&I 2014 YTD INT Authorizations - PHL

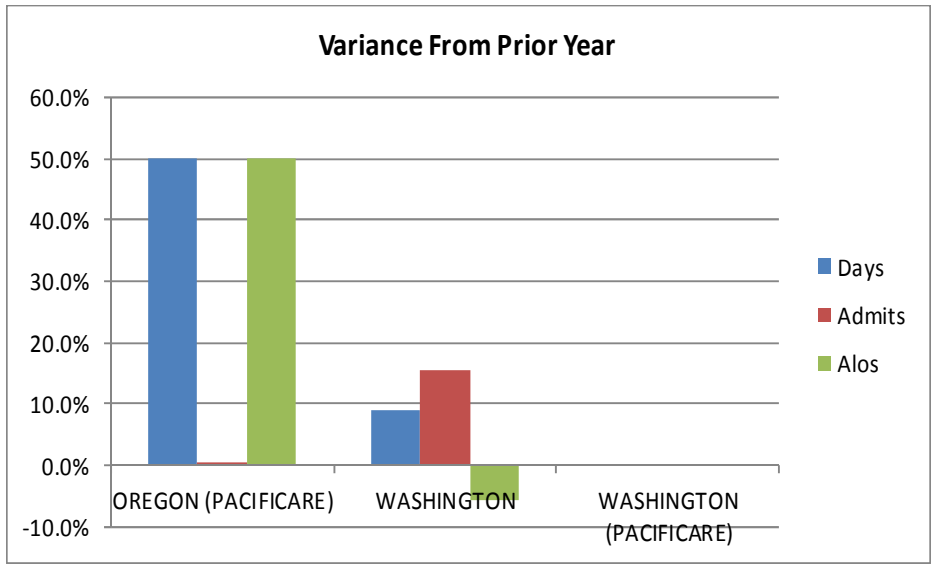
	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					UTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
HARVARD	153744	169	13.9	34.4	28.2	-59.7%	-50.8%	21	1.7	2.0	-13.7%	8.0	17.2	-53.3%
Totals:	**153744**	**169**	**13.9**	**34.4**	**28.2**	**-59.7%**	**-50.8%**	**21**	**1.7**	**2.0**	**-13.7%**	**8.0**	**17.2**	**-53.3%**

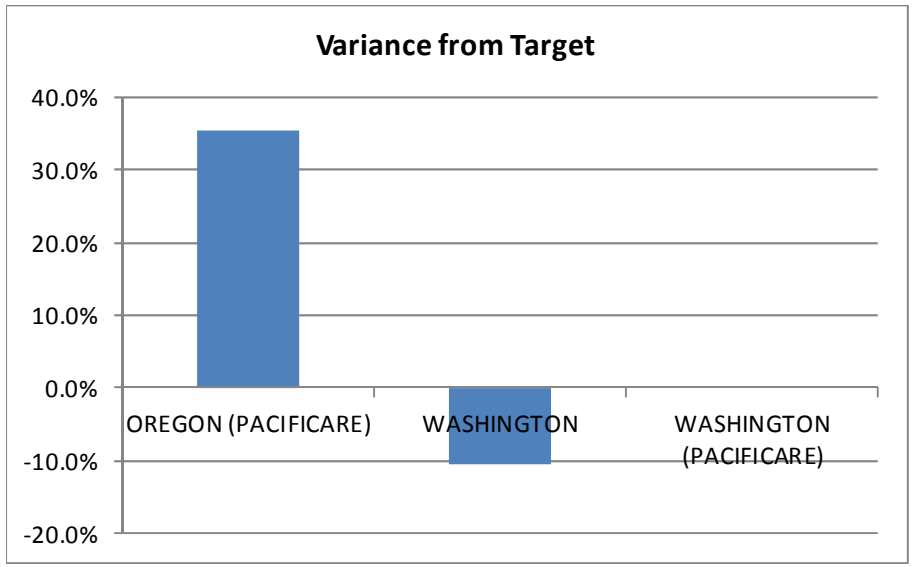




E&I 2014 YTD IP Authorizations - Portland

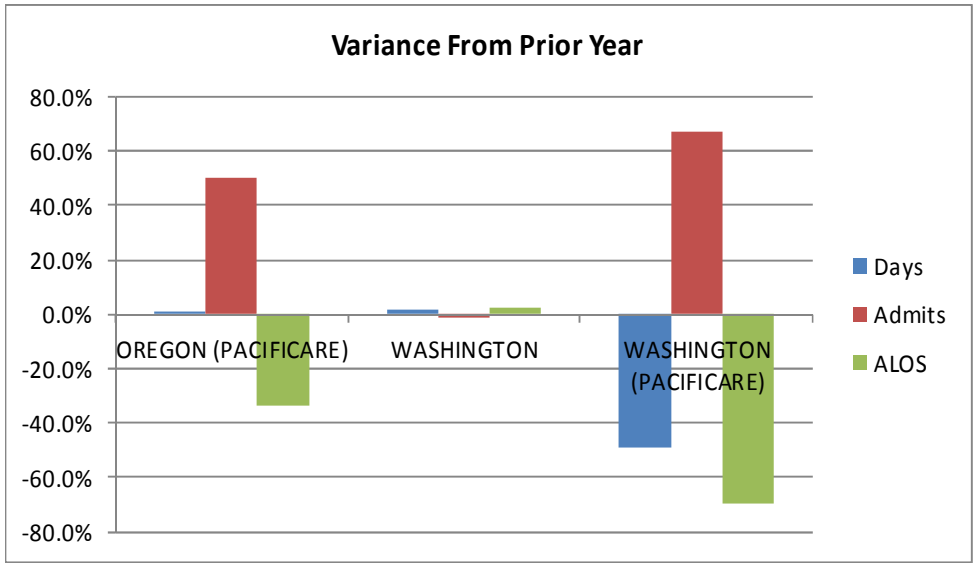
	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					AUTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
OREGON (PACIFICAR	3845	14	46.0	16.1	10.7	185.2%	329.4%	2	6.6	3.5	90.1%	7.0	4.7	50.0%
WASHINGTON	741415	679	11.5	10.4	10.8	11.3%	7.3%	114	1.9	1.7	14.2%	6.0	6.1	-2.5%
WASHINGTON (PACI	5611	9	20.2	-	0.0	-		2	4.5	-	-	4.5	-	-
Totals:	**750871**	**702**	**11.8**	**10.3**	**10.7**	**14.1%**	**10.4%**	**118**	**2.0**	**1.7**	**16.3%**	**5.9**	**6.1**	**-1.9%**

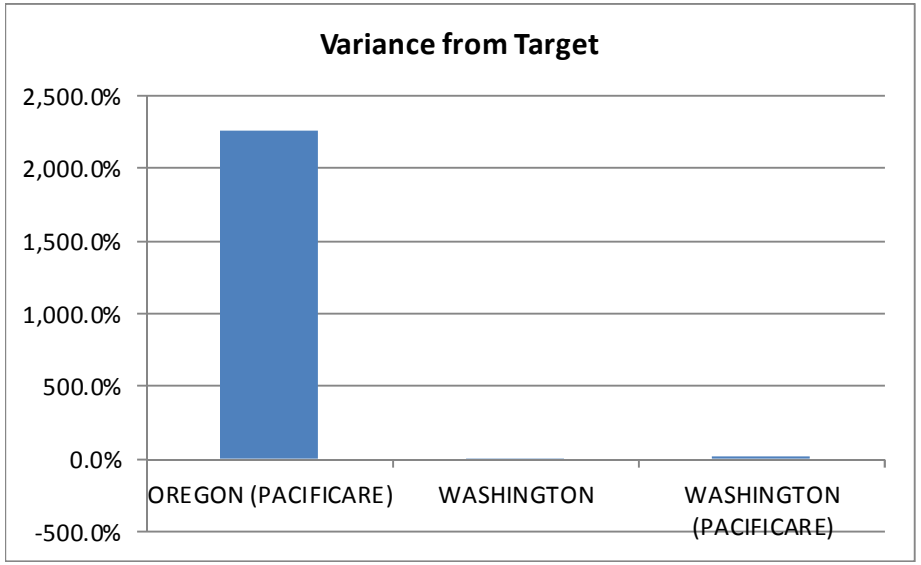




E&I 2014 YTD INT Authorizations - Portland

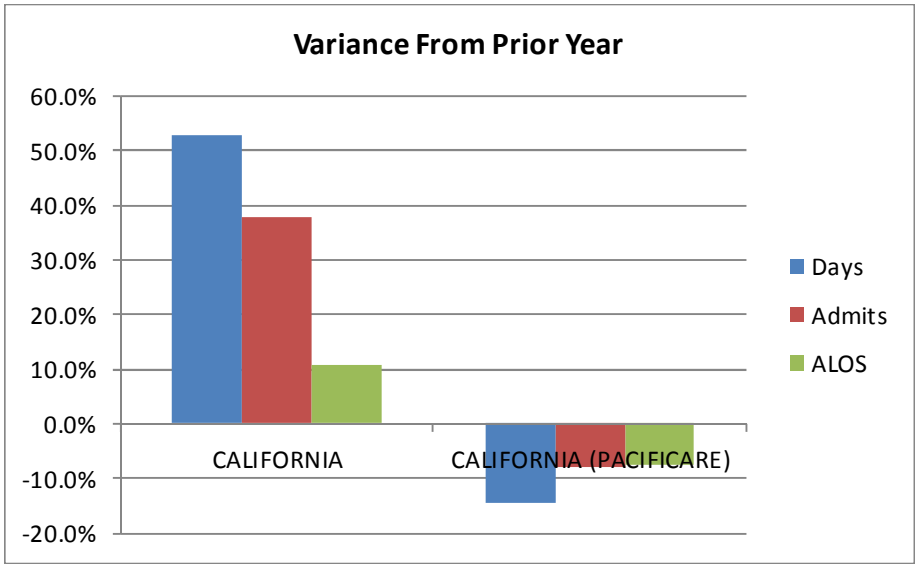
	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					UTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
OREGON (PACIFICA	3845	13	42.7	48.4	2.7	-11.7%	1,505.1%	1	3.3	2.3	42.6%	13.0	21.0	-38.1%
WASHINGTON	741415	1802	30.6	38.8	36.4	-21.0%	-16.0%	161	2.7	3.0	-7.3%	11.2	13.1	-14.8%
WASHINGTON (PACI	5611	21	47.1	48.8	29.7	-3.4%	58.7%	2	4.5	1.4	221.9%	10.5	35.0	-70.0%
Totals:	**750871**	**1836**	**30.8**	**39.1**	**36.2**	**-21.1%**	**-14.9%**	**164**	**2.8**	**2.9**	**-5.8%**	**11.2**	**13.4**	**-16.3%**

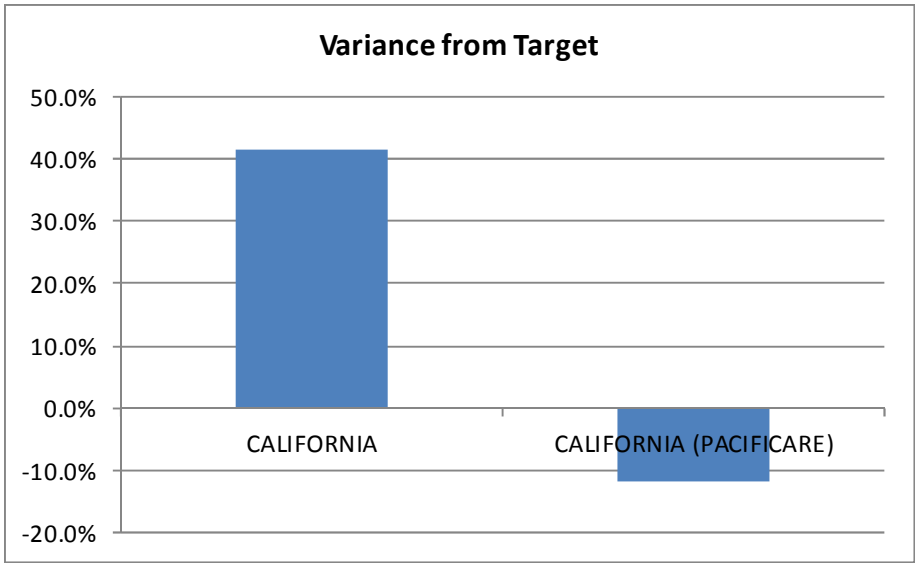




E&I 2014 YTD IP Authorizations - SFO

	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					UTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
CALIFORNIA	1191627	1612	17.0	12.1	10.9	41.0%	56.6%	312	3.3	2.7	20.2%	5.2	4.4	17.2%
CALIFORNIA (PACIFIC/	2912984	4677	20.2	22.3	20.7	-9.6%	-2.7%	982	4.2	4.4	-3.8%	4.8	5.1	-6.0%
Totals:	**4104611**	**6289**	**19.3**	**19.5**	**17.9**	**-1.4%**	**7.7%**	**1294**	**4.0**	**4.0**	**0.3%**	**4.9**	**4.9**	**-1.7%**





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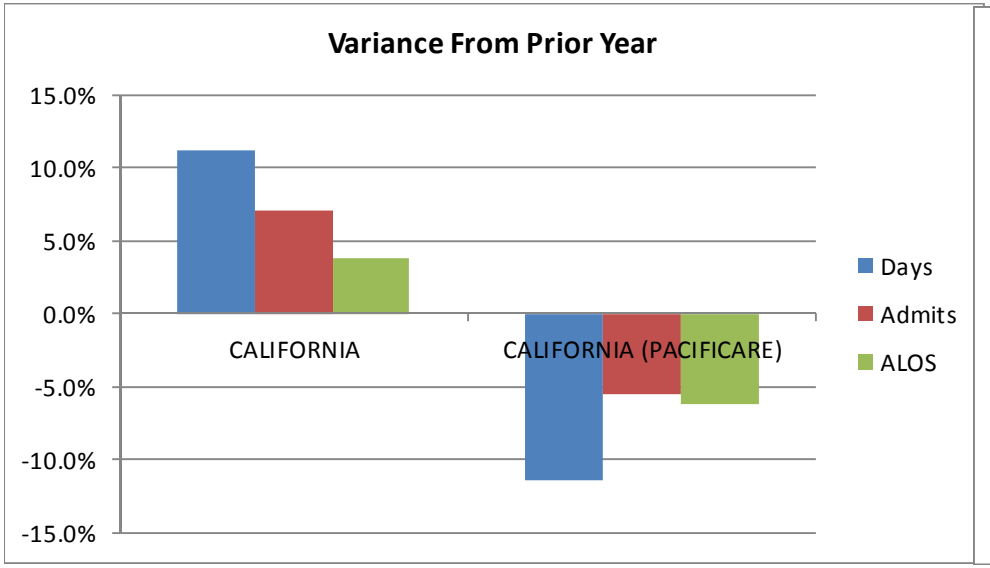
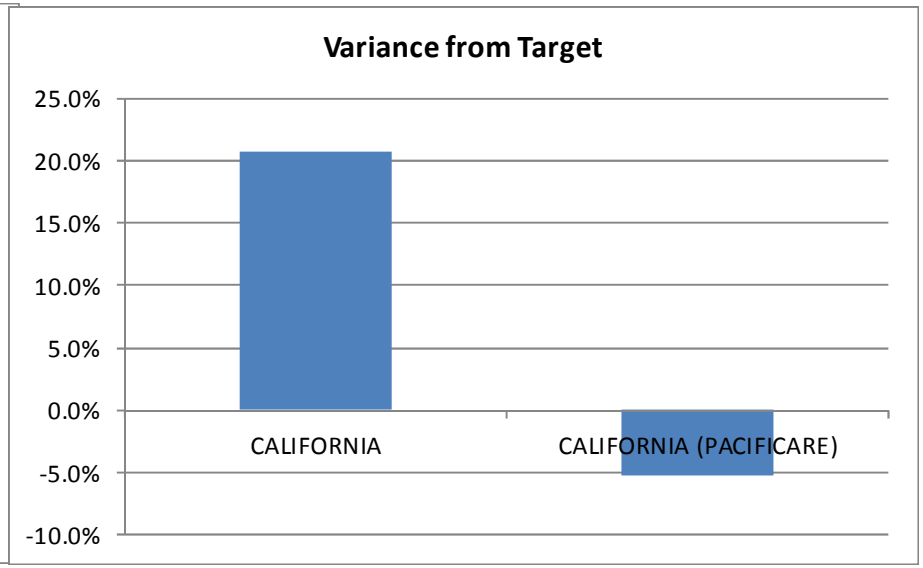
E&I 2014 YTD INT Authorizations - SFO

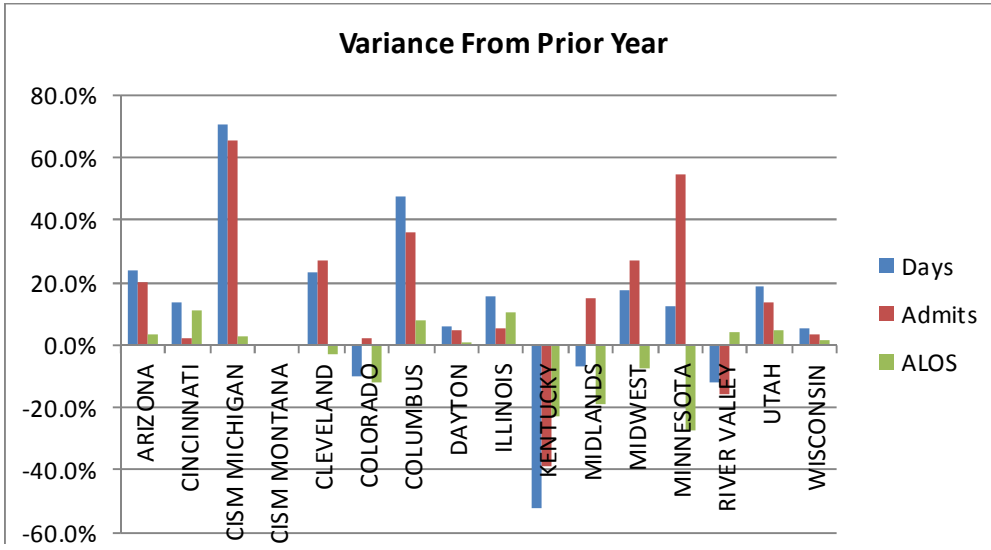
	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					UTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
CALIFORNIA	1191627	3235	34.1	32.0	27.8	6.8%	22.8%	341	3.6	3.3	8.4%	9.5	9.6	-1.4%
CALIFORNIA (PAC	2912984	6181	26.7	30.7	27.9	-13.2%	-4.5%	651	2.8	2.9	-4.4%	9.5	10.5	-9.2%
Totals:	**4104611**	**9416**	**28.8**	**31.1**	**27.9**	**-7.2%**	**3.4%**	**992**	**3.0**	**3.0**	**-0.1%**	**9.5**	**10.2**	**-7.0%**

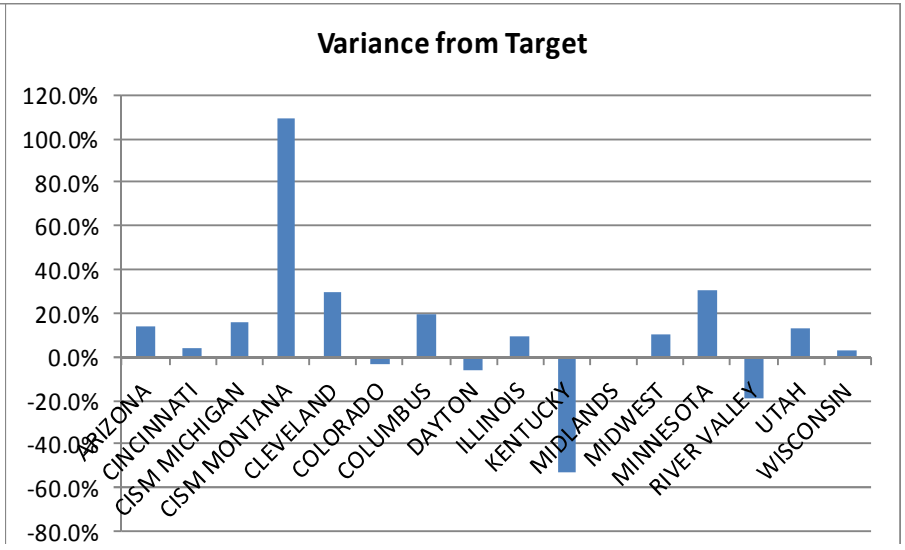




E&I 2014 YTD IP Authorizations – St. Louis

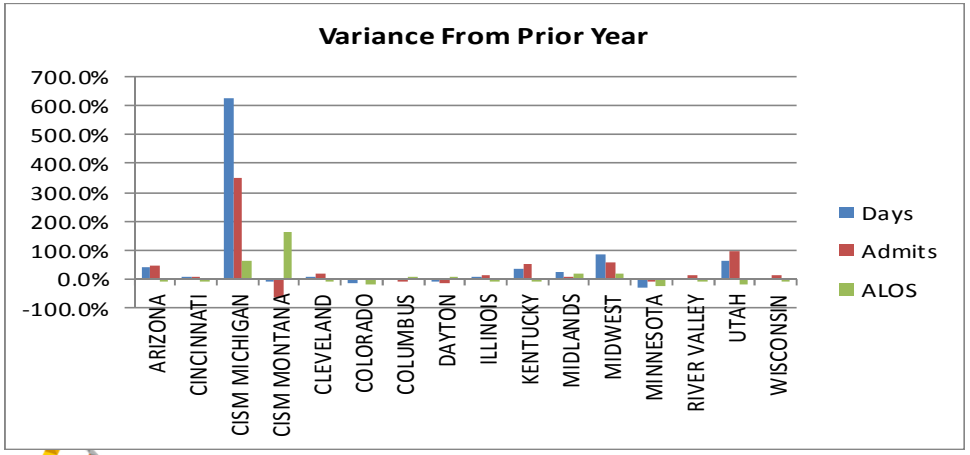
	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					AUTH ADMITS	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
ARIZONA	1069239	1995	23.4	20.4	19.2	14.8%	21.9%	361	4.2	3.7	15.8%	5.5	5.6	-0.9%
CINCINNATI	346635	652	23.6	16.9	18.9	39.8%	25.1%	136	4.9	3.8	29.0%	4.8	4.4	8.4%
CISM MICHIGAN	130104	198	19.1	15.8	17.2	21.2%	11.0%	36	3.5	3.4	3.5%	5.5	4.7	17.2%
CISM MONTANA	11618	26	28.1	5.1	8.5	446.3%	231.0%	5	5.4	3.1	75.1%	5.2	1.7	212.0%
CLEVELAND	452132	779	21.6	17.2	16.9	25.4%	27.6%	178	4.9	3.8	30.3%	4.4	4.5	-3.8%
COLORADO	1257130	1866	18.6	20.2	18.6	-7.7%	0.1%	345	3.4	3.5	-1.1%	5.4	5.8	-6.7%
COLUMBUS	441558	843	24.0	16.4	18.3	45.8%	30.7%	141	4.0	3.4	19.3%	6.0	4.9	22.3%
DAYTON	656682	674	12.9	12.5	13.4	3.4%	-4.0%	155	3.0	2.8	5.8%	4.3	4.5	-2.3%
ILLINOIS	1731945	3112	22.6	19.5	19.5	15.8%	16.0%	606	4.4	4.1	7.6%	5.1	4.8	7.6%
KENTUCKY	300663	309	12.9	22.1	19.2	-41.7%	-32.6%	67	2.8	4.0	-30.2%	4.6	5.5	-16.5%
MIDLANDS	418717	508	15.3	14.3	13.3	6.3%	15.0%	135	4.1	3.2	26.2%	3.8	4.5	-15.7%
MIDWEST	1622576	2524	19.6	17.6	17.6	11.3%	10.9%	569	4.4	3.8	16.8%	4.4	4.7	-4.7%
MINNESOTA	124351	233	23.5	18.8	11.7	25.4%	100.4%	48	4.8	3.3	46.7%	4.9	5.7	-14.6%
RIVER VALLEY	1394109	1744	15.8	17.5	18.2	-9.9%	-13.3%	352	3.2	3.7	-13.7%	5.0	4.7	4.3%
UTAH	582975	1258	27.2	19.9	21.4	36.2%	27.0%	198	4.3	3.3	28.4%	6.4	6.0	6.1%
WISCONSIN	1360489	2155	19.9	18.7	19.5	6.4%	2.2%	480	4.4	4.4	1.5%	4.5	4.3	4.8%
Totals:	**11900923**	**18876**	**19.9**	**18.2**	**18.2**	**9.4%**	**9.4%**	**3812**	**4.0**	**3.7**	**8.4%**	**5.0**	**4.9**	**0.9%**

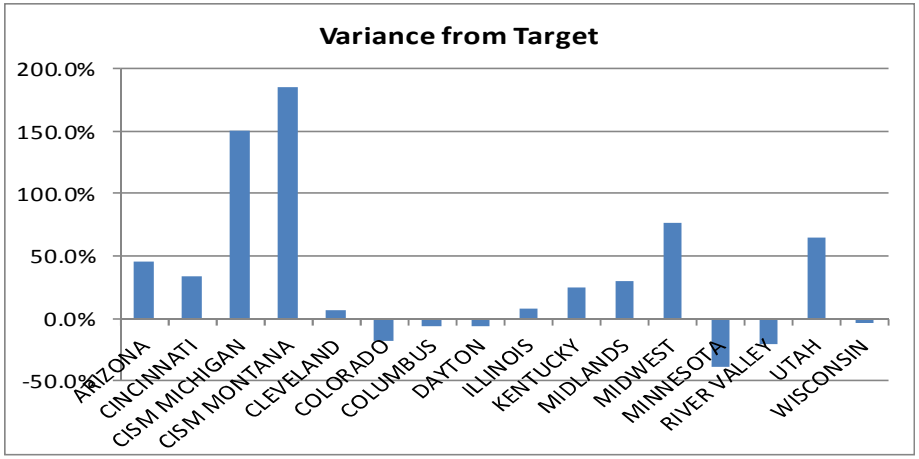




E&I 2014 YTD INT Authorizations – St. Louis

	MEMBERSHI	AUTH DAYS	AUTH DAYS PER 1000					UTH ADMIT	AUTH ADMITS PER 1000			AUTH ALOS		
	CURRENT	CURRENT	CURRENT	PRIOR	TARGET	Variance from Prior Year	Variance from Target	CURRENT	CURRENT	PRIOR	Variance from Prior Year	CURRENT	PRIOR	Variance from Prior Year
ARIZONA	1069239	2426	28.5	21.4	19.8	33.0%	43.7%	225	2.6	1.9	39.6%	10.8	11.3	-4.7%
CINCINNATI	346635	578	20.9	17.5	15.4	19.8%	36.3%	61	2.2	1.9	16.5%	9.5	9.2	2.8%
CISM MICHIGAN	130104	205	19.8	8.9	8.4	123.3%	134.8%	26	2.5	1.2	107.0%	7.9	7.3	7.9%
CISM MONTANA	11618	58	62.6	42.1	14.5	48.6%	332.9%	2	2.2	3.1	-30.0%	29.0	13.7	112.2%
CLEVELAND	452132	697	19.3	18.3	18.0	5.8%	7.3%	79	2.2	2.0	10.4%	8.8	9.2	-4.2%
COLORADO	1257130	2257	22.6	24.4	23.0	-7.6%	-2.0%	216	2.2	2.0	6.7%	10.4	12.1	-13.4%
COLUMBUS	441558	613	17.4	15.1	17.5	15.7%	-0.2%	79	2.2	1.9	17.7%	7.8	7.9	-1.8%
DAYTON	656682	624	11.9	14.1	12.8	-15.5%	-6.7%	64	1.2	1.4	-12.6%	9.8	10.1	-3.3%
ILLINOIS	1731945	3867	28.1	29.1	28.5	-3.6%	-1.3%	443	3.2	3.0	6.0%	8.7	9.6	-9.1%
KENTUCKY	300663	359	15.0	10.9	12.9	37.7%	16.3%	42	1.8	1.1	54.5%	8.5	9.6	-10.9%
MIDLANDS	418717	740	22.2	17.5	17.9	27.2%	23.9%	66	2.0	1.8	9.7%	11.2	9.7	16.0%
MIDWEST	1622576	3111	24.1	14.3	14.5	69.0%	66.3%	305	2.4	1.5	59.7%	10.2	9.6	5.8%
MINNESOTA	124351	220	22.2	32.2	24.1	-31.0%	-7.9%	22	2.2	2.6	-13.0%	10.0	12.6	-20.7%
RIVER VALLEY	1394109	1702	15.4	16.8	19.9	-8.3%	-22.5%	162	1.5	1.5	0.2%	10.5	11.5	-8.4%
UTAH	582975	1673	36.1	23.3	25.4	55.0%	42.3%	130	2.8	1.5	85.2%	12.9	15.4	-16.3%
WISCONSIN	1360489	2311	21.4	21.4	22.4	-0.1%	-4.8%	223	2.1	1.8	14.4%	10.4	11.9	-12.6%
Totals:	**11900923**	**21441**	**22.7**	**20.0**	**20.3**	**13.0%**	**11.8%**	**2145**	**2.3**	**1.9**	**20.4%**	**10.0**	**10.6**	**-6.1%**





Medex Waterfalls

Paid Claims April + 2

UHC Internal Legacy

OPTUM™

Behavioral Solutions

Effectively managing the rising utilization of the 18- to 25-year-old population

Optum Consultant Advisory Council | May 22, 2014

Our discussion today

1 Understanding the scope, complexity and drivers behind the spike in utilization of 18- to 25-year-olds

2 How we are approaching the cost and quality challenges and what we have learned

3 How we are building for the future

1 The spike in utilization of 18- to 25-year-olds

A “perfect storm”

The significant rise in utilization of 18- to 25-year-olds has been driven by several converging factors

Affordable Care Act	Federal Mental Health Parity	Risk of Onset for SMI & SUD	Higher Rates of SUD	Increase in Overall Opioid Treatment	Variance in Clinical Approach	Unprepared Provider System
18- to 25-year-olds became newly eligible on parents’ employer-sponsored plans	Benefit changes eliminated substance abuse treatment limits and network restrictions	Age of onset for most MH and SUD disorders is in the second and third decade of life[1]	2X substance use disorder rates compared to adults 26 and older[2]	346% increase in all treatment admissions from 2001 to 2011[3]	MH and SUD treatment covers wide range of philosophical and evidence- based approaches	Historically low demand and lack of coverage hindered advancement in clinical innovation

1. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602. 2. In 2012, the rate of substance dependence or abuse among adults aged 18 to 25 was 18.9%, adults aged 26 and older was 7.0%. Source: Substance Abuse and Mental Health Services Administration. (2013). Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings (HHS Publication No. SMA 13-4795, NSDUH Series H-46). 3. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2013). Treatment Episode Data Set (TEDS): 2001-2011.

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Affordable Care Act includes a new group in the pool

Before the ACA[1]

- The 18- to 25-year-old population in commercial plans were generally attending college (most plans allowed these dependents to remain on their parent's plan)
- Successful academic performance and ability to form and maintain long-term relationships are attributes associated with resiliency and lower behavioral health utilization
- Prior to ACA, this covered 18-25 cohort was historically a less bio-psycho-socially vulnerable population, with most having successfully passed through the late teens/early twenties (despite a peak in the onset of SUD/MH illness for this age group)

After the ACA
a new population

- A new cohort: 18- to 25-year-old, non-college-enrolled dependents
- ACA permitted 18- to 25-year-olds who did not have employment-related health benefits to remain on their parents plan, regardless of educational or domiciliary status
- For families with multiple siblings, this generally added no out-of-pocket cost

1. Resnick, M. D. (2000). Protective factors, resiliency, and healthy youth development. Adolescent Medicine: State of the Art Reviews, 11(1), 157-164.

Characteristics that make this newly insured sub-group important

Higher-risk	• Inherently higher rates of unemployment, disability, poor academic achievement, financial distress. relative isolation, less social adroitness, poor social support and a higher risk for coping strategies that included substance abuse (particularly opiates)
Higher utilizers	• The 22-25 age group (still unemployed) are higher utilizers than those who successfully move off the parent plan, such that, from the baseline year, the overall utilization of the group continues to grow
Greater out-of-network utilization	• This group utilizes out-of-network, remote substance abuse treatment programs for which the episode of care, although of appropriate length and intensity, is made substantially more expensive by higher unit costs and inflated use of costly of routine drug screens
Greater chronicity and recidivism	• Represents a population of higher utilizing individuals with a disproportionate representation of preexisting, long-standing behavioral problems and those at higher risk for first presentation mental health and substance abuse conditions

We are challenged to find innovative ways to engage this population to:
encourage network use increase sobriety, reduce relapse, and improve outcomes

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Observations from an Optum Affordability analysis of behavioral care utilization for dependents aged 18-25 among national, ASO and fully insured, HMO/PPO/POS membership; Brock, 05/05/14.

Impact of opioid use

Drug-related emergency room visits have soared over the last decade

423%

increase in U.S. emergency room costs[1]

from 2004 to 2011

Reasons for drug-related emergency visits[2]

- **21%** increase due to illicit drug use
- **56%** increase due to misuse/abuse of pharmaceuticals
- **46%** increase due to adverse reactions

Consequences of opioid abuse in young adults[3]

2X Emergency room visits have more than doubled

related to nonmedical use of opioid pain relievers for young adults age 18 to 24 increased from about 20,000 to 49,000 from 2004 to 2009

1. Meier B, Marsh B, The Soaring Cost of the Opioid Economy. *NY Times, Sunday Review*, June 22, 2013. 2. Rates reflect increases in illicit drug use and misuse/abuse of pharmaceuticals from 2004 to 2011, and increases in adverse reactions from 2005 to 2011, as reported in: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2013). Treatment Episode Data Set (TEDS): 2001-2011. State Admissions to Substance Abuse Treatment Services. BHSIS Series S-68, HHS Publication No. (SMA) 14-4832. 3. National Institute on Drug Abuse/Substance Abuse and Mental Health Services Administration: The Blending Initiative. *Buprenorphine Treatment for Young Adults: Fact Sheet.* Retrieved from http://www.drugabuse.gov/sites/default/files/files/BupTx_YngAdlts_Factsheet.pdf

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What our trend data shows

41% increase in overall PMPM costs for this cohort over the past two years[1]

80% increase in PMPM costs for this cohort with substance use disorders[1]

Key drivers

More people entering the system
11.4% overall increase in this cohort[1]) due primarily to extended coverage under the ACA

Increased use and intensity of services
primarily in residential settings and ancillary lab testing

General increase in opiate treatment
due to a combination of prescription and illicit drug use

1. Optum analysis of behavioral care costs and population increases (comparisons of incurred dates Jan 1 through Dec 31, 2011 paid through Mar 31, 2012 [not including incurred but not reported (IBNR) claims] against Jan 1 through Dec 31, 2013 paid through Mar 31, 2014 [not including IBNR claims]) for dependents aged 18-25 among national, ASO and fully insured, HMO/PPO/POS membership; Massey, Hubbard and Motz, 05/02/14.

Cost drivers: Case complexity

Substance use disorder

accounted for the majority of Optum costs in 2013[1]

SUD	Schizophrenia	Eating Disorders	Mood Disorder
38%	7%	6%	2%

National SAMHSA prevalence estimates of comorbidity with other behavioral conditions[2]

32.4% had a co-occurring substance use disorder, among those with a mental illness

40% had a co-occurring substance use disorder among those with a severe mental illness

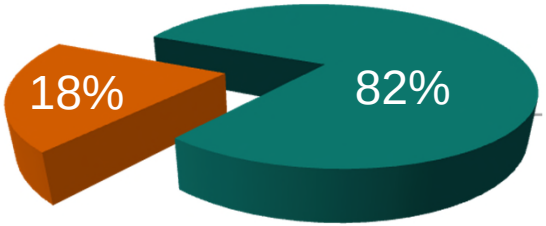
1. Optum analysis of percentage of treatment cost per diagnosis category versus total behavioral treatment incurred Jan 1 through Dec 31, 2013 (paid through Mar 31, 2014 [not including incurred but not reported (IBNR) claims]) for dependents aged 19-25 among national, ASO and fully insured, HMO/PPO/POS membership; Massey, Hubbard and Motz, 05/02/14. 2. Substance Abuse and Mental Health Services Administration. (2013). Results from the 2012 National Survey on Drug Use and Health: Summary of national findings (HHS Publication No. SMA 13-4795, NSDUH Series H-46).

Cost drivers: The out-of-network challenge for this cohort

36% of our overall utilization spend is driven by out-of-network service — driven a 79% increase in PMPM costs from 2011 to 2013[1]

Florida Example

SUD treatment spend in Florida[2]
(18- to 25-year-old dependents)



In-Network	Out-of-Network
(27% of members)	(63% of members)
per member	per member:
$13,692	$36,645

3X higher cost
per member for out-of-network

3X higher cost per member for out-of-network

- Longer lengths of stay
- Unnecessary use of extended levels of care
- Higher room and board costs (than average in-network rates)
- Separate billing of ancillary services (including drug screening and lab services); typically covered under an in-network per-diem charge
- Questionable SUD treatment and billing practices, including increase in fraudulent lab charges

74% of cases are out-of-state — use of these "destination providers" presents several challenges:

- Fragmented care with lack of coordination
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OPTUM™

Cost drivers: Inappropriate Drug testing

Some treatment providers and sober home operators are being offered a chance to share the profits of their patients' and residents' drug tests

Examples of typical scams

1. Billing for *quantitative* tests (how much of a drug is present) when there are no positive initial qualitative (presence of a substance) results*
2. Charging excessive amounts beyond usual and customary for lab tests
3. Excessive drug screenings during a Residential stay (screening up to five times a week when the patient has not left the facility

   - Facility tests residents via a single screen for up to 15 substances
   - If that single screen comes up positive, the specimen then goes to confirmation testing to determine which of the 15 substances it was positive for ($100 for each confirmation) = $1,500 a test

   Five tests per patient per week X $1,500 per test = $7,500 per patient per week

ALCOHOLISM & DRUG ABUSE WEEKLY

Drug testing 'partnership' lures treatment centers despite ethics issues

"With an out-of-network payment, there's no utilization review, no contract and no tracking, and the patient co-pay gets written off"

"The people getting ripped off are the insurance companies, and the people paying premiums, whose rates are going up because of these scams"

— Alcoholism & Drug Abuse Weekly, March 17, 2014

* A qualitative lab test detects the presence of a substance, a toxin or a drug without measuring the amount. A quantitative test measures the amount. Only if the qualitative results are positive should a quantitative test be conducted.

OPTUM™

Unique difficulties facing parents of this cohort in treatment

- "Adult" dependents living with parents
- Inability to enforce or demand treatment
- Parents paying for care
- Guilt and shame
- Parents not legally privileged to discuss treatment with provider or insurer without adult child's consent

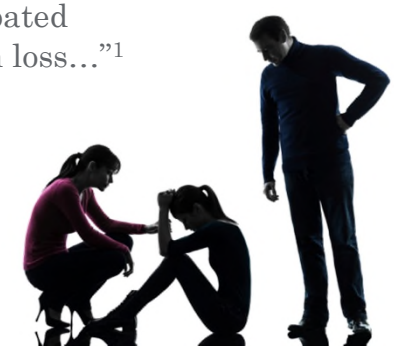
NAMI National Alliance on Mental Illness

Recent survey identified the top needs of these parents[1]

1. Emotional support
2. Preparing adult child for independent living
3. Practical advice
4. Collaborative planning
5. Case planning
6. Information about illness, signs and symptoms

"I still wanted to be her advocate …, but I was shut out when she turned 18, even though I pay her medical bills and health insurance—I had no access to any records unless she signed consent…she went into rehab, they wouldn't talk to me. All I wanted to know was how the insurance coverage would apply and what we owed…"[1]

"…it is very difficult to go from a situation where one is 'launching' a child and feeling ready to recover one's own life to suddenly being back to being the primary caregiver, having to give up long anticipated activities … deal with grief about the child's loss of her anticipated life and one's own loss…"[1]



1. Survey results and parent quotes from: Gerten, A., & Hensley, M. (2014). Transition-Age Children With Mental Illness: Hearing the Voices of Mothers. *Social Work in Health Care*, 53(3), 233-249

OPTUM™

2 Our response and what we have learned

We've leveraged our extensive clinical bench

We have established teams of clinical experts who are focused on managing, measuring and refining our approach to help this population

- Anticipate risk situations and proactively respond with solutions
- Identify, shape and institute industry-leading best practices
- Aggressively seek and break down barriers that fragment care

Quality and Affordability Team

Clinical program architects, led by a board-certified psychiatrist — focused on and addressing cost drivers and treatment effectiveness through the design of clinical interventions and management policies

Substance Use Disorder Workgroup

Led by a psychiatrist with specialization in addiction — single-pointedly focused on improving treatment services by building and operating SUD-specific system-of-care solutions

Cost-of-Care Investigation Team

Investigates, evaluates and determines policies for the management of out-of-network providers

Our focus

We are closing gaps in the system and introducing new solutions that improve outcomes and cost of care

1 Discrete clinical management practices

driven by a dedicated team of trained experts using new tools and resources to improve care and mitigate risks

2 Curbing unnecessary out-of-network expense

by influencing questionable practices sometimes used by out-of-network and “destination” facilities

3 Optimizing our network strategy

by focusing recruitment efforts on specialty providers in key underserved markets

4 Empowering patients and their families

through education and resources designed around recovery and resiliency principles

Initial-stage interventions in 2012-13 are making an impact

1. **Established a set of evidence-based principles**
   to drive a standardized approach in the management of MH/SUD treatment
2. **Introduced a rigorous identification and stratification process**
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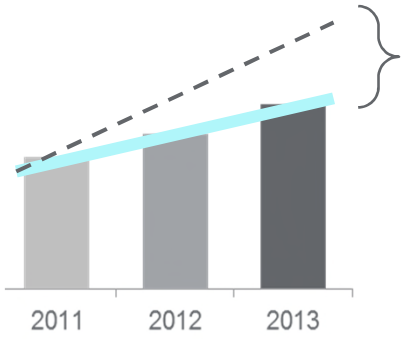

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to standardize reimbursement rates for out-of-network facilities

OPTUM™

*Urine test protocol is consistent with Centers for Medicare and Medicaid Services G-code 801

Optimizing our network strategy

We use “heat maps” of episode-cost data and tiered network providers to identify underserved regions

High readmission areas

Pinpoint where members with histories of high inpatient utilization (e.g., two or more admits per year) reside

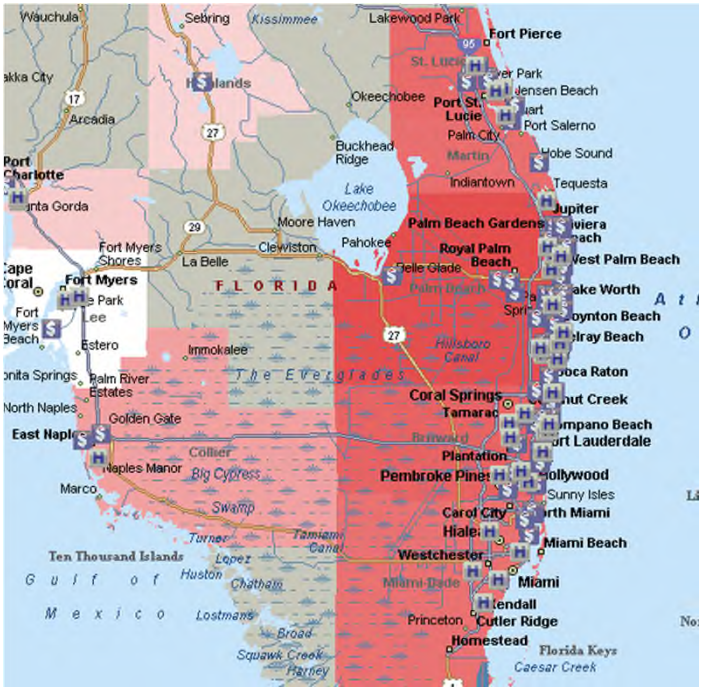
Recruitment of medication-assisted therapy (MAT) providers

Understand where there is a high concentration of members receiving inpatient alcohol detox services to target the best locations to recruit medication-assisted therapy SUD providers

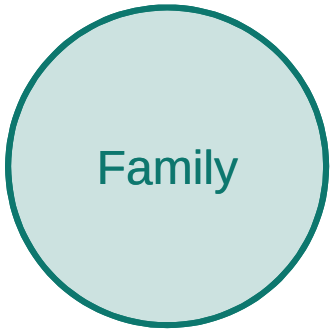
Total system evaluation

Enable comprehensive system-of-care review (including: enrollment, timeliness of services, prevalence of mental health conditions and SUD, mental health workforce needs, prescriber capacity)

Example of MAT network expansion in FL

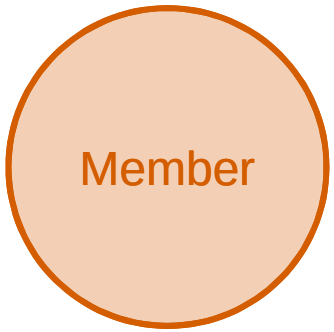


Empowering members and their families today



Support the family, build recovery capital for the young adult

- Family-to-family peer support pilot (currently underway)
- Empowerment and self-management tools
- Online tools and resources



Build Recovery, Support Abstinence

- Emerging peer coaching capability (currently in 15 states)
- Empowerment and self-management tools
- Online tools and resources
- Face-to-face support group pilot (with Young People in Recovery)

Provide engagement and support for their patients and their families

- Toolkits and resources for providers to share with members and families
- Person-centered treatment planning: training and coaching programs

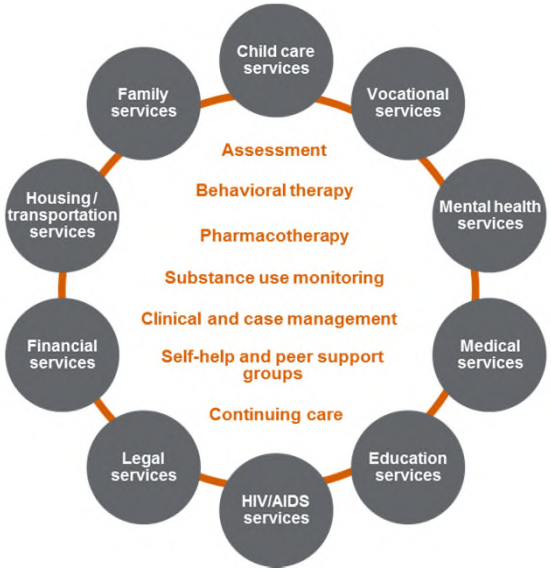
3 How we are building for the future

We are taking a comprehensive view of family engagement

Guided by national authority

Our goal is to help families consider and navigate a comprehensive set of services than can address the issues related to a mental health and substance use disorder for this age cohort — as defined by the National Institute on Drug Abuse

National Institute on Drug Abuse, National Institutes of Health (U.S. Department of Health and Human Services)



Optum's Substance Use Disorders Survey

- ✓ To identify areas of greatest challenge regarding SUD treatment, and guide the development of our advocacy programs
- ✓ Web-based survey sent to over 3,000 consumers and family members
- ✓ Developed in partnership with Faces and Voices in Recovery, Young People in Recovery, and MOMSTELL
- ✓ Results expected in mid-June

Image source: National Institutes of Health Publication No. 12–4180 Printed 1999; Revised December 2012. Accessed : http://www.drugabuse.gov/sites/default/files/podat_1.pdf

Construct for family advocacy

Assessment Phase

1 Reduce Distress

Listen • Support • Explore

- Presenting issues
- Anxiety
- Confusion
- Guilt
- Caregiver strain
- Impact on family
- Family system & boundary issues
- Family strengths & challenges
- Family interdependencies
- Engage adult-dependent
- Risk factors
- Safety plan
- Past treatment success & failures

Advocacy Phase

2 Empower

Educate • Guide

- Signs & symptoms MHSU
- Family phases
- Legal rights & limitations
- Obtain release of information
- MHSU system of care
- Benefits
- Costs
- Evidence-based treatment
- Community services
- Peer support
- Recovery capital (build connections to local supports)

3 Advocate

Activate • Plan • Follow up

- Explore best treatment alternatives
- Develop collaborative plan
- Refer, Connect & Liaison to comprehensive care based on Ecological framework
- Coach effective communication between family & providers
- Relapse prevention planning
- Maintain follow-up

Approaches to advocacy that we are considering

Telephonic

- Licensed Care Advocate with experience working with families and respective diagnoses
- Easy access to families via hotline with callback
- Accessed through Intake, EAP and direct hotline
- Integrated into existing Complex Case Management organization
- One individual works with the family and manages the needs of the case concurrently

Telephonic and Face-to-Face

- Accessed via referral from Intake, EAP, Care Advocacy, etc.
- Weekly telephonic family meetings
- May opt for face-to-face in certain regions as network is available

Potential options

Para-professional

- Family-to-family coaching by an individual with lived experience
- Specialized peer coaching training
- Professional-level supervision

Licensed professional

- Family-to-family counselling by a licensed clinical professional
- Certified training in family and SUD issues
- May have a lived experience

Your perspective

1 What features are most important in a family advocacy model?
(to the member, to the family, and to the employer)

2 How would you advise us to price this service?
(ex. PMPM or cost-per-case)

3 Do you see this advocacy model as a useful extension to support other programs such as eating disorders and ADHD?

18-25 Cohort & Destination Treatment Detail

Impact on Trend

18-25 Cohort Penetration – OHBS Paid Claims

OHBS HCE
E&I Internal, Not PBH&OXF, Both ASO&FI
Penetration Analysis

Age	Member Months (Eligible)			Claimants			Penetration (Unique Patients/1K) ***			%Var vs. All Other		
	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013
ages 0 to 12	8,656,115	8,351,398	8,228,894	28,894	29,393	29,841	3.34	3.52	3.63	-41.7%	-40.1%	-37.8%
ages 13 to 17	3,747,531	3,616,225	3,579,784	29,267	29,821	30,703	7.81	8.25	8.58	50.7%	54.9%	62.5%
ages 18 to 22	3,743,281	3,692,978	3,681,003	24,351	25,120	25,354	6.51	6.80	6.89	23.3%	25.4%	27.7%
ages 23 to 26	3,307,983	3,312,517	3,342,046	19,710	20,804	21,231	5.96	6.28	6.35	12.0%	14.9%	16.8%
ages 27 to 64	35,224,316	34,348,030	33,939,241	193,172	191,735	185,674	5.48	5.58	5.47	6.6%	3.3%	-1.2%
ages 65 to 79	1,157,100	1,191,101	1,227,229	3,700	3,889	3,971	3.20	3.27	3.24	-40.8%	-41.3%	-41.7%
ages 80+	95,762	94,752	106,270	563	493	526	5.88	5.20	4.95	9.8%	-5.7%	-9.9%
Total	55,932,088	54,607,001	54,104,467	299,657	301,255	297,301	5.36	5.52	5.49			
Ages 18-26	7,051,264	7,005,495	7,023,049	44,061	45,924	46,586	6.25	6.56	6.63	19.5%	22.2%	24.6%
All Other	48,880,824	47,601,506	47,081,418	255,596	255,331	250,716	5.23	5.36	5.33			
Total	55,932,088	54,607,001	54,104,467	299,657	301,255	297,301	5.36	5.52	5.49			

*** Unique patients across all levels of care.

YOY increases in unique patients/k resulting in 25% higher penetration rate than "All Others" in 2013

- Data source: OHBS Peter Gazelka, Fred Motz Medex Paid Claims

Impact of 19- to 25-year-old dependents, since 2011

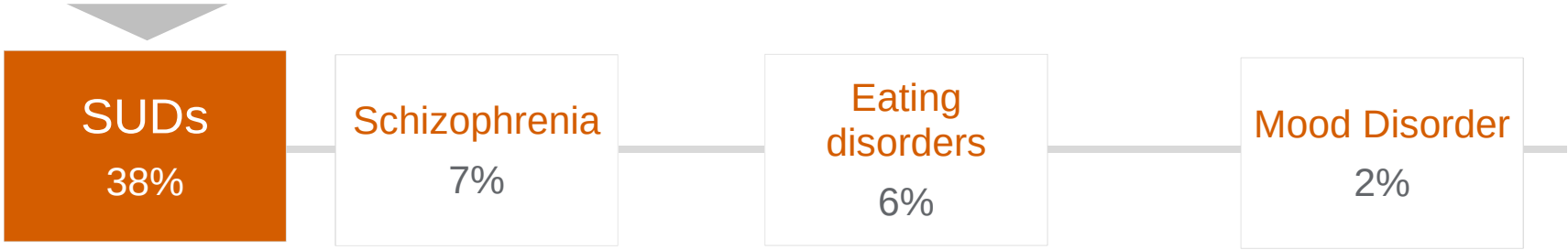
41%
increase in overall PMPM costs for this cohort over the past two years[1]

80%
increase in PMPM costs for substance use disorders[1]

Key drivers

- More people entering the system (11.4% overall increase in this cohort[1]) due primarily to extended coverage under the Patient Protection and Affordable Care Act
- Increased use and intensity of services, primarily in residential settings and ancillary lab testing
- General increase in opiate treatment do to a combination of prescription and illicit drug use

Substance use disorders accounted for the majority of costs in 2013[2]



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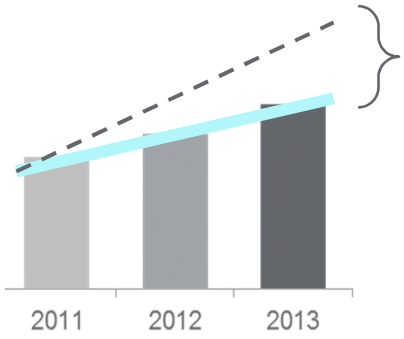

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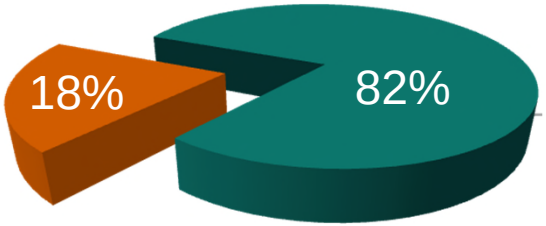
Cost drivers: The out-of-network challenge for this cohort

36% of our overall utilization spend is driven by out-of-network service — driven a 79% increase in PMPM costs from 2011 to 2013[1]

Florida Example

SUD treatment spend in Florida[2]
(18- to 25-year-old dependents)



In-Network	Out-of-Network
(27% of members)	(63% of members)
per member	per member:
$13,692	$36,645

3X higher cost
per member for out-of-network

3X higher cost per member for out-of-network

- Longer lengths of stay
- Unnecessary use of extended levels of care
- Higher room and board costs (than average in-network rates)
- Separate billing of ancillary services (including drug screening and lab services); typically covered under an in-network per-diem charge
- Questionable SUD treatment and billing practices, including increase in fraudulent lab charges

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- Fragmented care with lack of coordination
- 11% to 40% increase in readmission rates with providers both out-of-state and out-of-network (depending on the level of care) compared to members who seek care in their home communities within in-network providers[2]
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Destination Provider Spend in Florida – 2013
Opiate Treatment/All LOCs/All Markets/All Age Groups/Risk and ASO

	ALL	INN	OON
Total members	1,486	645	841
% of members NOT residing in FL	65%		
Total admits	2,740	1,105	1,635
Total paid overall	$36,387,666	$7,446,693	$28,940,972
Avg paid overall per mbr	$24,487	$11,545	$34,413

- 28.9M(80%) paid to OON Providers vs. 35% outside Fl.
- Episode of Care Avg. $34K or 3X Overall Pd./Member INN

Parameters:
(1) Admissions with discharge dates in 2013 are summarized (minimum admit date is 8/10/2012).
(2) All markets, all product types and both ASO/Risk are included.
(3) Admissions are limited to those with a non-ETOH diagnosis.
(4) For members with at least one IP, RES or PHP in FL, **ONLY THEIR FL UTILIZATION IS SUMMARIZED**.
(5) ** "Episode" construct limited to the CMS defintion - from 3 days prior to admission through 30 days after discharge.

Quality Comparison: INN/In-Area vs. OON/Out of Area
30-day and 180-day Re-admission Opiate Dx 2013 (All Age Groups)

FL FACILITIES

	INN **30-day Readmit Rate** (comm tenure)	OON **30-day Readmit Rate** (comm tenure)	INN **180-day Readmit Rate** (comm tenure)	OON **180-day Readmit Rate** (comm tenure)
In Area (FL resident)				
Acute IP	**6.28%**	**9.89%**	**24.22%**	**29.55%**
	29.09	28.19	154.94	142.73
Residential	**1.89%**	**9.33%**	**10.77%**	**21.95%**
	29.73	29.11	170.00	153.39
PHP	**2.30%**	**6.00%**	**17.14%**	**20.00%**
	29.91	29.98	161.83	161.86

NON-FL FACILITIES

	INN **30-day Readmit Rate** (comm tenure)	OON **30-day Readmit Rate** (comm tenure)	INN **180-day Readmit Rate** (comm tenure)	OON **180-day Readmit Rate** (comm tenure)
In Area (Non-FL resident)				
Acute IP	**8.20%**	**10.90%**	**26.28%**	**23.61%**
	28.75	28.31	150.37	153.36
Residential	**4.56%**	**5.84%**	**19.18%**	**24.85%**
	29.33	29.15	158.74	152.88
PHP	**3.47%**	**6.25%**	**16.48%**	**17.48%**
	29.51	28.91	162.70	162.05

* 30-day readmission and community tenure run on discharges 1/1/2013 - 12/1/2013 to allow for runout.
* 180-day readmission and community tenure run on discharges 1/1/2013 - 7/1/2013 to allow for runout.
** Readmission defined as a readmission to the same level of care within XX days (i.e., acute ip to acute ip, residential to residential, and php to php).

Destination Provider Spend in Florida – 2013
Opiate Treatment/All LOCs/All Markets/Risk and ASO (18-25 Cohort)

	ALL	INN	OON
Total members 18 - 25	954	356	598
% of members NOT residing in FL	74%		
Total admits	1,848	668	1,180
Total paid overall	$26,787,890	$4,874,447	$21,913,443
Avg paid overall per mbr	$28,080	$13,692	$36,645

- 21.9M(82%) paid to OON Providers vs. 35% outside Fl.
- Episode of Care Avg. $36K or 3X Overall Pd./Member INN

Parameters:
(1) Admissions with discharge dates in 2013 are summarized (minimum admit date is 8/10/2012).
(2) All markets, all product types and both ASO/Risk are included.
(3) Admissions are limited to those with a non-ETOH diagnosis.
(4) For members with at least one IP, RES or PHP in FL, **ONLY THEIR FL UTILIZATION IS SUMMARIZED**.
(5) 18 – 25 year-old members only.

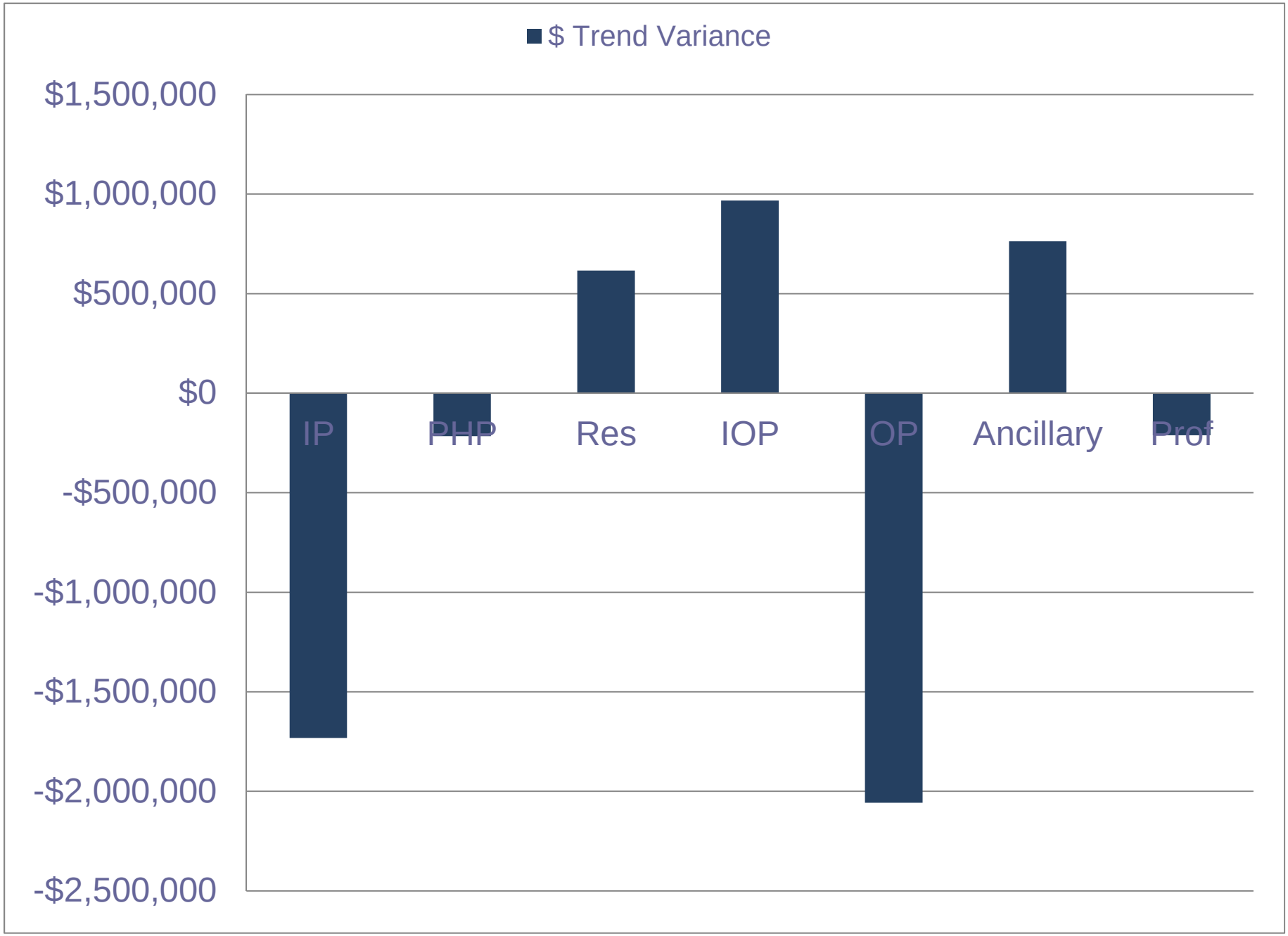
Quality Comparison: INN/In-Area vs. OON/Out of Area 90-day Re-admission Opiate Treatment 2013 (18-25 Cohort)

	INN 90-day Readmit Rate	OON 90-day Readmit Rate
NON-FL FACILITIES		
In Area (18 - 25 Non-FL resident)		
Acute IP	**18.77%**	**20.39%**
Residential	**13.81%**	**15.72%**
PHP	**13.38%**	**16.07%**
FL FACILITIES		
Out of Area (18 - 25 Non-FL resident)		
Acute IP	**21.98%**	**21.05%**
Residential	**20.73%**	**16.67%**
PHP	**13.16%**	**22.47%**

* 90-day readmission rate run on discharges 1/1/2013 - 10/1/2013 to allow for runout.

Attachment

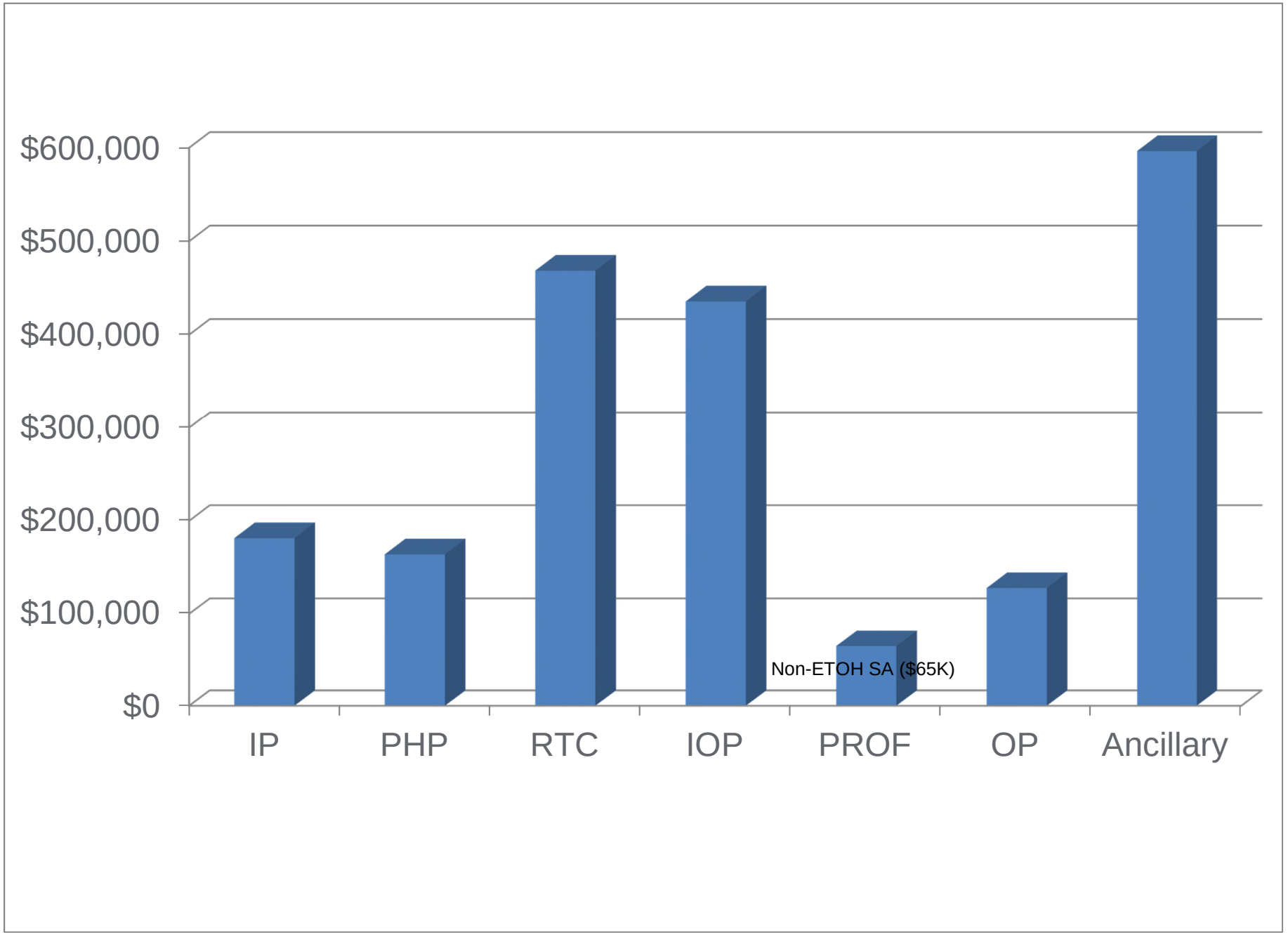
No image available for this record.


$ Trend Variance
$1,500,000
$1,000,000
$500,000
$0
-$500,000
-$1,000,000
-$1,500,000
-$2,000,000
-$2,500,000
IP
PHP
Res
IOP
OP
Ancillary
Prof

	$ Trend Variance
IP	-$1,731,839
PHP	-$215,763
Res	$615,423
IOP	$967,324
OP	-$2,056,906
Ancillary	$763,094
Prof	-$211,093
Total	-$1,869,759

Attachment

No image available for this record.


$600,000
$500,000
$400,000
$300,000
$200,000
$100,000
$0
IP
PHP
RTC
IOP
PROF
OP
Ancillary
Non-ETOH SA ($65K)

	IP	PHP	RTC	IOP	PROF	OP	Ancillary
Spend Trend	**$181,497**	**$164,096**	**$468,619**	**$435,637**	**$64,947**	**$127,962**	**$596,496**

Attachment

No image available for this record.

	2014 5+7 Forecast	Best Estimate as of May Close	Variance	Clinical UM	National UM	F & A	Claims Integrity	Alert & IOP	Network Unit Cost	P4P	R & R	ACE
Commercial Employer (E & I)	$28.46	$28.45	($0.01)	$0.99	$5.20	$4.91	$1.84	$6.59	$6.27	$1.37	$0.12	$1.16
Internal	$25.75	$25.85	$0.10	$0.64	$4.88	$4.18	$1.78	$5.95	$5.87	$1.28	$0.10	$1.16
UHC HMO	$1.02	$1.03	$0.01	$0.01	$0.22	$0.24	$0.07	$0.25	$0.12	$0.07	$0.00	$0.04
UHC PPO/POS	$14.55	$14.21	($0.34)	$0.26	$3.10	$3.63	$1.63	$2.69	$1.29	$0.74	$0.08	$0.78
Total UHC	$15.57	$15.25	($0.33)	$0.27	$3.33	$3.87	$1.70	$2.94	$1.41	$0.82	$0.08	$0.82
Oxford	$6.91	$6.97	$0.06	$0.00	$0.73	$0.00	$0.00	$1.82	$3.80	$0.29	$0.01	$0.33
PBH Commercial	$3.03	$3.39	$0.36	$0.37	$0.72	$0.30	$0.07	$1.13	$0.63	$0.16	$0.02	$0.00
ACEC, MAMSI, NHP, John Deere	$0.23	$0.24	$0.01	$0.00	$0.11	$0.00	$0.02	$0.06	$0.04	$0.01	$0.00	$0.00
External	$2.72	$2.61	($0.11)	$0.35	$0.32	$0.74	$0.06	$0.64	$0.40	$0.09	$0.02	$0.00
UC	$2.34	$2.23	($0.12)	$0.35	$0.28	$0.45	$0.05	$0.61	$0.38	$0.09	$0.02	$0.00
% of Total Savings				3.48%	18.27%	17.26%	6.48%	23.16%	22.05%	4.82%	0.43%	4.06%
Commercial Payer	$9.34	$8.87	($0.46)	$0.95	$1.15	$2.08	$0.50	$1.60	$1.20	$0.42	$0.14	$0.83
External Healthplan	$3.54	$3.00	($0.54)	$0.11	$0.58	$0.26	$0.39	$0.75	$0.43	$0.16	$0.02	$0.31
PBH External HP	$5.46	$5.27	($0.19)	$0.60	$0.43	$1.73	$0.12	$0.85	$0.72	$0.25	$0.06	$0.52
PBH External HP (MCD/MCR)	$0.33	$0.60	$0.27	$0.24	$0.14	$0.09	$0.00	$0.00	$0.05	$0.02	$0.07	$0.00